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ABSTRACT

This report discusses the activities and outcomes of Project Coach Outreach, a project to encourage the use of best practices in early intervention for infants, toddlers, and preschoolers with disabilities and to increase family-centered service options in Mississippi. Specifically, the project focused on the use of natural environments to include home, family day care, child care, and preschool centers. The project provided a flexible outreach team-training and support model that was developed and evaluated by two previous early intervention projects. The project provided training in community-based, family-centered practices to include transdisciplinary teaming, consulting, and conducting assessment and intervention using play. Through a variety of training strategies, from didactic workshops to skills based workshops to mentoring, training was targeted for community providers. Project Coach also developed links with other outreach projects to enhance training for a mentor team and new teams. The report discusses the project's goals, objectives, and tasks. Appendices include summaries of training and technical assistance data, surveys of infant/toddler training needs in Mississippi, training event evaluations and summaries, impact summary reports, agenda and minutes from videoconferences, the project directors' vision paper, and examples of modules. (CR)

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PROJECT COACH OUTREACH:
Transdisciplinary Consultation/Coaching Training for Building Infant/Toddler Teams and Linking to Promote Services in Natural Environments

Final Report

Early Education Program for Children with Disabilities
U.S. Department of Education
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II. PROJECT SUMMARY/ABSTRACT

The purpose of Project Coach Outreach was to encourage the use of best practices in early intervention for infants, toddlers, and preschoolers and increase family-centered service options in Mississippi. Specifically, the project focused on the use of natural environments to include home, family day-care, child care and preschool centers. The project provided a flexible outreach team training and support model which was developed and evaluated by two previous EEPCD projects.

The emphasis of this project was for a younger population than had been previously served in Mississippi with team training and support continuing into the preschool years. The project provided training in community-based, family-centered practices to include transdisciplinary teaming, consulting, and conducting assessment and intervention using play. Through a variety of training strategies, from traditional didactic workshops, to skills based workshops, to mentoring; training was targeted for community providers in most of the Part C districts in Mississippi. The Year I Mentor Team from Health District V served as ongoing mentors and demonstrators for the project. They are located in an Enterprise Community in Jackson, MS. The team continues to work in homes, in child care, in clinics and offers assessment, follow-along and intervention services. Service location is determined through a family-centered team process. The Willowood Center where they are located is multi-agency funded and has a strong history of collaboration and advocacy. Emphasis in Year II and III was placed on demonstrating, networking and building transdisciplinary teams that use play-based assessment and intervention services. Using a request for proposals process funded by Mississippi's Part C agency, nine teams were formed in 1998; five university-based teams and four school-based teams. Also, additional monies were awarded to the early intervention centers within the MS Department of Mental Health to enable them to move to a more family centered and natural setting model of service. Three of the Year II teams left the project in 1999, primarily because of inability to meet timelines and increased requirements, and three new ones were added.

In order to maximize efforts, Project Coach developed links with other outreach projects to enhance training for both the Mentor Team and the new teams. Project Coach worked very closely with Part C for planning training both long and short term. Service coordinators, district and state coordinators have been valuable collaborators and advisors for the project.

During Year III, Project Coach Outreach worked with Part C to develop more teams to ensure that all regions in the state were represented. Beginning in Year III, three of the districts were underserved by teams and families had few options for services. These were the extreme Northwest or delta region, and two central regions to the southwest and east of Jackson. Efforts were made through the RFP process to encourage and select award recipients from these areas of need. Although the agency solicited proposals from schools and universities in the remaining underserved districts, the intended outcome was not fully achieved. While some success was obtained, areas continue to be underserved. Also unsuccessful were the project's additional efforts to promote the organization of private, entrepreneurial teams. A map locating the teams in Mississippi may be found on page 14 of the report.

The project provided training for implementation of the model, ongoing technical assistance and materials, and promoted reciprocal sharing among teams. In addition, relationships have been established between the teams, Part C and other excellent training resources such as EEPCD national and multi-state outreach training projects. Local ICCs and the Part C administrators served as an

excellent resource and advisory network.

There were four major goals of this project: (1) To increase the consultation/coaching and transdisciplinary team coordination skills of professionals at the inservice level (2) To provide models for training professional teams (3) To further delineate and refine training methods and materials to promote effective consultation, education and guidance for families and caregivers (4) To evaluate the effectiveness of the model and disseminate the results and products of the project. Objectives and tasks to carry out these goals may be found in the following section.

In addition to achieving the proposed outcomes for the goals, additional important outcomes were also obtained. These included an increase in the use of information disseminated by the project at the preservice level, the infusion of new content into university coursework and the state-funded extension of the project through the creation of the Mississippi Infant Toddler Technical Support Center.

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FINAL STATUS OF PROJECT

Summary of Activities

The plan for Years I - III has been implemented with some adjustments to accommodate the unique needs of the participants and links with our collaborators and other training resources. Any changes made in the project activity plan were made to enhance the likelihood of achieving the stated project goals. For example, the original plan for a summer institute for "all" participants was not an acceptable plan to our advisors, participants or staff. Ample trainings have been offered all participants, but the summer institute on infant/toddler assessment, a closed enrollment three hour graduate credit course, was restricted to key team members because of the training intensity of the institute. Consistent with our mentoring and coaching approach, subsequent institutes have been kept small to allow for skills training. Additionally, the project implemented distance learning via monthly interactive video conferences. As we concluded the third and final year, we continued public awareness, ongoing provider training, technical assistance and monitoring. By the final year, teams were more involved in reciprocal sharing and dissemination. Final evaluation data were collected and dissemination efforts increased. Sets of resources and training materials were developed for the First Steps main library and for the libraries in each district. The following is a summary of the implementation of the Objectives and Tasks for Years I - III.

Objective 1: Establish and maintain formal mechanisms to link the child care and disabilities communities through the creation of a project Advisory Board to provide oversight in the development and implementation of Project Coach Outreach.

Task 1.1 Select representatives for Year II and III as needed
Task 1.2 Review management, design and evaluation plans.
Task 1.3 Establish procedures and methods for ongoing review and project refinement.
Task 1.4 Obtain approval of final evaluation plan

Project Coach has utilized our membership on several boards and the IDS Consumer Advisory Council, and the formation of subcommittee workgroups to fulfill our advisory needs. This approach has worked very well and the project considered itself well advised and integrally connected with the state's decisionmakers and stakeholders. The Institute for Disability Studies (IDS) through which the project operates has held six Consumer Advisory Board meetings since the beginning of this project. The Board has provided input to the project, and members with young children were available to serve as an advisory subcommittee for Project Coach as needed for specific tasks. In addition to the IDS Advisory Council, the project staff and the Willowood/Mentor Team trainers have representation on state and local interagency coordinating councils, also an independent interagency state-level group to promote best practices in early childhood (BRIDGES), the state Developmental Disabilities Council, the executive council for the state Division of Early Childhood subdivision and the MS Early Childhood Association, Head Start advisory boards, and Department of Mental Health's Children's Division advisory board, to name a few. In essence, the project functioned with multiple advisory bodies in order to obtain broad levels of participation and support. Having project representatives on key boards has been very valuable for project development.

As planned, there was a significant amount of collaboration with other federal and state projects throughout the three years. Collaboration occurred with an early childhood model demonstration project and deaf-blind project based at the University of Southern Mississippi, a state-funded person-centered planning project, and six early childhood outreach training projects funded by OSEP (STAIRS, Pathways, TransTeam, Project Dakota, SpecialCare, FACETS). The staff of these projects, particularly the project directors, made invaluable contributions to Project Coach Outreach in terms of both evaluation and refinement of our training and assistance to meet the needs of the participants.

Our plans to use interactive video network (IVN) conferencing statewide began in the Spring, 1997 with five sites and a few people. It has continued to grow in popularity. IVN conferencing allowed all participants to report on progress and needs on a monthly basis and receive support from colleagues. This medium has been an important part of our evaluation and mentoring. At our meeting in December 1999, there were eleven sites connected and approximately 60 participants from throughout the state. Project Coach Outreach has also coordinated the use of IVN for giving and receiving technical assistance within workgroups such as BRIDGES and CSPD committees, and for linking the Part C district coordinators to discuss program development issues. This venue combined with email has allowed us to receive more frequent input than was experienced with previous projects. IVN is also now being used to connect the district coordinators responsible for Part C services.

Objective 2: Prepare a central demonstration training site at Willowood for families and providers of care, primary and related services. Preparation will include refinement and implementation of policies and practices that support inclusion.

Task 2.1 Facilitate a self-study of the Willowood program.

Task 2.2 Develop a training plan for Willowood Developmental Center based upon the self-study, on-site observation, interviews, and critical competencies identified in the previous field testing.

Task 2.3 Conduct targeted training and technical assistance based upon study results, individual needs assessment and recommendations from [advisory boards].

Task 2.4 Refine the curriculum for training (caregivers and teachers) using a coaching and mentoring model to meet the specific needs of infants and toddlers as evidenced at the Willowood Developmental Center.

The Willowood center, which serves approximately 100 children, has undergone considerable changes in the last three years, many of them related to increased implementation of best practices for inclusion. Most important is that the overall quality of the program has been enhanced. In Year I, the center committed to becoming an NAEYC accredited program. During the next two years there was a great deal of change in practices, especially with regard to inclusion, also there was a great deal of staff turnover. Nevertheless, the staff credentials have been consistently above average for child care. The center director holds a doctorate in early childhood education and three of the teachers are certified in special education. The center was originally a segregated program, but now maintains at least a 50-50 inclusion ratio in each room.

The project's primary concern at Willowood was the rooms used for demonstration purposes, specifically the infant and the toddler rooms. These staffs have been very stable, with essentially no turnover. This part of the program has maintained the most consistency, and continues to be appropriate for training purposes. During the last two years, **approximately 223 observational visits** have been made to the rooms by professionals and students from special education, psychology, child development, and early childhood education. Also, two social work students from Jackson State University completed internships at the center.

In Year III an Early Head Start classroom was located at the center as a result of community collaboration and discussions begun in Year I. Also in Year III the center completed the validation process for accreditation from NAEYC and were successful in receiving the recognition.

Project Coach has utilized many strategies to support this center and promote the improvement in overall quality of the program. One strategy included collaboration with another outreach project, STAIRS, whose primary purpose was to facilitate preschool inclusion through training and technical assistance. We encouraged STAIRS to work with us at Willowood as part of their plans to promote best practices in a Mississippi enterprise community. We feel this was a mutually beneficial activity for both projects.

A training plan was developed for Willowood based on classroom observation by trainers and staff, input from the STAIRS trainers, and a Willowood workgroup. The workgroup established in Year I became the Willowood Training Committee, and was composed of the lead teachers from each room. More responsibility was given to the center director and lead teachers to provide and plan inservice training in Year II and the center has continued this system of providing inservice to staff. Some of the topics were essential elements for group care, such as the physical environment and learning centers, and selecting and planning activities. Especially for new staff, other topics presented were as follows: problem solving, obtaining appropriate materials and resources, room arrangement, teaming, developing a common understanding of developmentally appropriate practices, and improving communication with families. Several modules were developed and published by Project Coach Outreach based on these training activities. (See workshop and module titles below)

Specific training was provided to Willowood staff based on the needs revealed through the self study. As stated above, Project Coach has moved to a more consultative, train-the-trainer role with the administrators and lead teachers. Project Coach provided technical assistance to the executive director of the center by identifying model lab schools throughout the country for her and her board to visit, provided literature supporting inclusion, and put them in contact with the National Research Centers. Technical assistance was provided to support the training objectives and ensure mastery of the critical competencies expected of caregivers. Training and technical assistance were evaluated using an interview process and questionnaires to determine effectiveness of training and future training needs. Numbers of participants, dates, and evaluation results are summarized in the attached tables in the Appendix of this report.

In order to assure follow-through and implementation of practices, Project Coach staff presented workshops and then specific skills were reinforced with staff by the lead teachers using coaching and mentoring in the rooms. Workshop topics to promote inclusion for Willowood have included:

- *The Great Outdoors: Taking Learning a Step Further*
- *Developing a Creative Art Center*
- *Developing a Block Area for Young Children*
- *Developing a Dramatic Play Area for Young Children*

In addition to the above, the project staff assisted teachers in acquiring training skills by helping them conduct their own workshops and follow-up. Two examples are as follows:

- *Applying Child Development Principles in the Classroom*
- *Developing an Effective Infant Toddler Environment*

Refinement occurred and continues on the selection of appropriate curricula, particularly the critical competencies for caregivers/teachers serving infants and toddlers in natural settings. Project coach co-sponsored a one day workshop for community college faculty utilizing the *SpecialCare* curriculum developed by Child Development Resources, Inc. Several community college faculties expressed interest in replicating the training for childcare providers in their area and at least two workshops have been presented in the southern part of the state. Technical assistance was provided community college faculty as they added content on children with special needs into their core curriculum, and as they began teaching a new course specifically on this topic. Project Coach has provided input for this activity; however, a review of several excellent curricula from colleagues at other UAPs and early childhood projects suggested that the development of another complete curriculum is not needed and the project did not pursue this activity.

Objective 3: Establish an itinerant Mentor Team to demonstrate transdisciplinary team coordination through the use of consultation and coaching in multiple community settings.

Task 3.1: Provide orientation level training to the Mentor Team

Task 3.2 Develop training procedures for training the Mentor Team

Task 3.3 Conduct Mentor Team training

Task 3.4 Conduct on-site technical assistance

Using a variety of methods and strategies, a training and technical assistance plan was implemented for the Mentor Team. A significant amount of technical assistance was provided to Project Coach by NEC*TAS and other early childhood outreach projects in developing this plan. Table 1 outlines the training and technical assistance activities provided for the Dreamcatchers Team. Project Coach provided technical assistance to the team upon request and based upon identified needs. This technical assistance included joining with their team in performing services on several occasions. However, some of the most important work was assisting with systems change issues both within the Willowood center and within the District V service delivery area. The Mentor Team collaborated with and included, as appropriate, all service coordinators from Part C. Some difficulties arose in their role as change agents and natural challenges that occurred when their practices differed from others. Also, there were and are systems issues that center around differences in eligibility for services between Part C and B, and between C and the Department of Mental Health's 0-3 program.

The Mentor Team, *Dreamcatchers,* performed outstandingly during the three years of its development. They have been active as service providers for their infant/toddler district **serving over 340 children and their families** in the last three years. They have also been active as trainers, mentors and advocates throughout the state. They strongly endorse the principles and philosophies of the project and have been popular disseminators of best practices. In Year II, the team leader moved out of state, but the transition was very smooth as another experienced member of the team, Deborah Callaway, CCC/SLP, took on her responsibilities. Much of the success of this team, and this transition, is due to the true transdisciplinary nature of this team. The team has been involved in **mentoring more than 30 early intervention professionals** and has provided **12 workshops** for professionals, paraprofessionals and families. They are now the lead presenters for our ongoing Play-Based Assessment Institutes modeled after those led previously by Dr. Toni Linder. They have also provided **practica placements for 13 students** from physical therapy, occupational therapy, psychology, and speech therapy.

During the three years, the project has demonstrated training using mentoring and developed training in related currently recommended practices. The project team met periodically with Willowood staff to process experiences, philosophies, and methods that have been used in their programs and to identify areas of current need. Needs were reassessed at least annually, but collaboration and support were provided at any time it was needed. The *Dreamcatchers* Team utilized peer mentoring for their own training at every opportunity. For example, they met with other teams, visited other service sites, observed and received feedback from their peers. The team continues to request technical assistance for their roles as consultants and mentors. They have requested training in communication skills, team problem solving models, adult learning strategies, coaching skills, technical assistance and support skills. Members of the team also visited exemplary early childhood service programs such as Child Development Resources in Norge, VA, HomeSpun in San Marcos, TX, City Kids in Chicago, and the Stallings Center in

Tuscaloosa, AL.

Table 1: **Training and Technical Assistance to Willowood Center and Mentor Team**

	Number of Activities	Hours
Training (workshops)	12	35
Technical Assistance		636

Examples of specific training activities that were created to meet this team's professional development needs were:

* IFSP and assessment workshop with Adrienne Frank, TransTeam, April 28-29, 1997 with continued follow-up through 1998.

* Independent review, study and critique of a variety of print and video materials on transdisciplinary assessment and services, and specific assessment tools.

* Critique of videos of the team performing infant/toddler arena assessments

* Visits to and team sharing with other teams within the state.

* Team teaching and learning meetings. This team continues to set aside weekly meetings for training and self-study. Some of these days have been utilized for special workshops presented by Project Coach, on topics such as Piaget and constructivist theory: "Looking at Infant/Toddler Learning," mentoring and training, home visiting, activity planning, and working with challenging and diverse families.

* Participation in FACETS training presented by Juliann Woods Cripe and Dave Lindeman on activity-based intervention and the use of daily routines (other district providers and service coordinators were also included)

In addition the team received training through:

- *Smoky Mountain Winter Institute*, Asheville, NC.
- State ICC retreat and training.
- *Gulf Coast Conference on Early Childhood*, May 1997; coordinated by Project Coach. They were also featured presenters on teaming at the conference.

- Participation of four team members in two sensory integration courses.
- Participation and presentation in the Project Coach *Infant/Toddler Assessment Institute* in June 1997, follow-up workshop in September, and the second *Assessment Institute* in February 1998. Both institutes featured Toni Linder as a trainer on play-based assessment. In keeping with our coaching and mentoring model, using the team members as trainers was an important part of their professional growth and training, and also served as a method of disseminating the practices the project supports.
- Participation and presentation at the *Orientation for University and School Early Intervention Projects* meeting. This was coordinated and cosponsored by Project Coach with Adrienne Frank, TransTeam presenting on IFSP development.
- *Assessment, Diagnosis, and Intervention for Developmental Disorders* - Stanley Greenspan
- *Pediatric NDT* Introduction course
- Participation in the *First and Second Annual Conference (s) on Autism Spectrum Disorder* which was sponsored by the project with co-sponsorship by three state agencies. Technical assistance for the first conference was provided by NEC*TAS.

Objective 4: Implement community outreach training for early interventionists and families, to include community-based private providers, staff of local education agencies and Head Start, Mental Health, child care, and the Early Intervention System in District V, which includes the Enterprise Community.

Task 4.1 Identify [providers] for community-based services in each of the service areas in District V, from LEAs, Mental Health programs, and the Early Intervention System contractors, to consist of: special educators, related service providers, early childhood staff, administrators, and family members as appropriate. The Team may contain up to six members and not less than three.

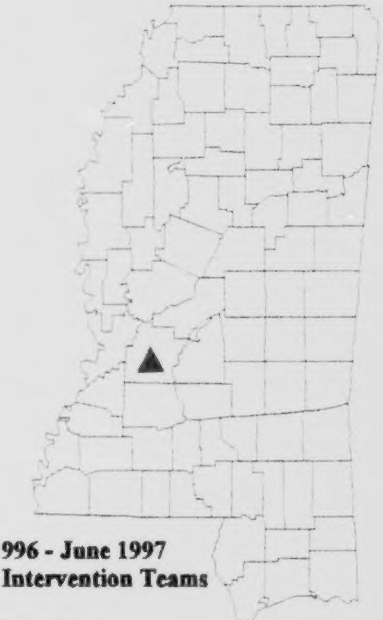
Task 4.2 Develop/Review Training Plans

Task 4.3 Conduct Training

Task 4.4 Conduct on-site technical assistance

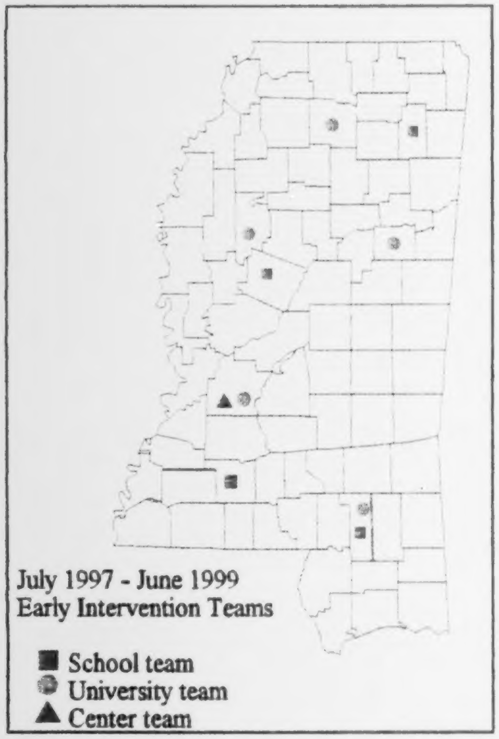
Potential teams were identified in late spring of Year I. Team members were selected from the current contractual providers and the Department of Mental Health's early intervention program. A special attempt was made to organize independent providers from across the state into teams and connect them with their community resources. They were provided with training and follow-up technical assistance. One provider was assisted with grant/contract development in order to start a nonprofit organization within which to build a team.

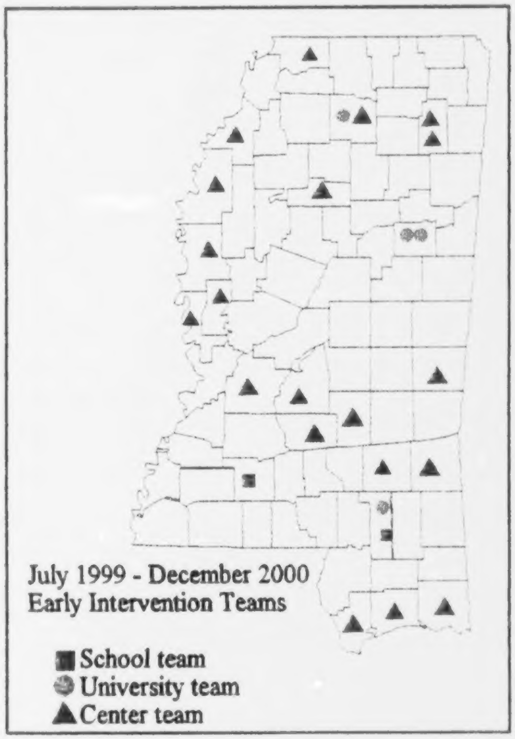
As had been agreed during the development of the Project Coach proposal, during summer, 1997, Mississippi's Part C announced in Year II the availability of funds for the formation of exemplary teams to provide assessment, intervention and training. Based upon data reflecting continuing personnel shortages and the need to support preservice, it was decided to solicit proposals from universities as well. As a result of a proposal review process, nine teams were awarded contracts. These included four LEAs and five universities. The teams were located across the state, but acceptable proposals were not received from all Part C districts. In Year III, three of the teams (two universities and one LEA) lost their contracts because of failure to meet goals. A new competition created three new teams and additional monies were allocated to the Department of Mental Health's Early Intervention Program to assist those teams in moving toward the desired model of services. The attached maps for each year portray the targeted project teams, and teams at Mental Health Early Intervention program sites that have participated in training and appear most likely to be able to implement the model. Not all trainees were targeted as potential model implementers.



July 1996 - June 1997
Early Intervention Teams

▲ - Center team
(Dreamcatchers)


July 1997 - June 1999
Early Intervention Teams


July 1999 - December 2000
Early Intervention Teams

Throughout the three years, Project Coach developed and implemented training and technical assistance for the independent contractors, other agency providers and the new project teams. The model of offering levels of training, e.g., awareness, knowledge and skills, remained the structure for planning training. For example, following the award of the first nine project contracts to the new early intervention teams, Project Coach coordinated and cosponsored a two-day orientation meeting in Jackson, MS. The two days focused on awareness of the importance and value of a transdisciplinary team model, and an overview of Part C and currently recommended practices in assessment and program planning. Adrienne Frank, TransTeam, participated as the invited featured speaker.

When the second tier of new teams began, they were brought into the ongoing directors' meetings and team workshops. The teams now network well with each other and natural peer mentoring occurs as needed. All of the teams were connected with the Mentor team and spent time at their site observing and participating in assessments. A copy of an announcement about this team and a needs questionnaire may be found in Appendix A. A summary of their evaluation of their mentoring experiences may be found in the evaluation section of this report.

Other trainings sponsored or conducted by Project Coach within Mississippi:

Natural Environments Parts I and II, National teleconference
Typical/Atypical Child Development Institute with Samera Baird
Traveling Together: Transition through Collaboration
A Closer Look at Children Prenatally Exposed to Drugs
Recipes for Successful Early Intervention Services
Maximizing Mississippi's Brain Power
Family Centered Early Intervention Services
Use of the Child Care Observation Guide

Monthly or bimonthly interactive video meetings linked all the teams to discuss common interests and answer questions. The first meetings centered around policy and start-up issues. As these meetings continued, Project Coach sponsored speakers and addressed more content at the knowledge and skills level relative to best practices. This is a very economical tool which has reduced our project staff's travel and allowed us to shift monies to support travel for participants to visit the Mentor Team, for example. A complete list of the agendas for the interactive video meetings, *Conversations about Infants and Toddler with Special Needs,* may be found in the Appendix E. Also, quarterly project directors' meetings have been held since the award of the contracts. A paper describing their vision for the projects and the early intervention program may be found in Appendix F.

Two major forms of training were provided for direct service providers:

(1) formal workshops such as four infant/toddler assessment institutes (two for the individual contractors and mental health agency teams, and two for the new university and school project teams); also workshops presented by each of the model teams such as the following examples:

Too Small, Too Soon (on premature infants)
But That's Only Play
The Amazing Brain
Brain Development: The Importance of the Early Years
Sensory Processing Disorders: Effective Interventions, a Transdisciplinary Approach
It Takes a Village, but what if the Village is Dysfunctional?

(2) observation and hands-on training with the Mentor Team, each other and other programs with specific characteristics that the new teams wished to adopt. Most of the nine currently funded teams, as well as several contractors and other agency teams completed at least one on-site training with the Mentor Team at Willowood. Individual providers and representatives from teams spent up to two days on-site, with total contact visits of up to seven days. All mentoring was voluntary for the mentors and their proteges. The goals set were self-determined, as was the amount of time and schedule to be followed. All participants that joined the Mentor team began by observing and then participating in the assessment and IFSP process.

The Mentor Team contributed to all aspects of training. They have conducted workshops within eight of the nine Part C districts. They also continue to provide inservice training at Willowood on staff development days. During Year II the team increased its transdisciplinary function by adding early childhood professionals to their team to function as interventionists working in homes and childcare. The Mentor Team has provided a great deal of training for these new staff, and has truly demonstrated the effectiveness of mentoring, coaching and the consultative, transdisciplinary model. One innovative practice that was started by this team and has become more popular in the state is the use of play groups for intervention. There are now six active play groups that include children with special needs that are connected with the project teams. They are in Hattiesburg (Toddler Time, a language-based interactive play time, Moms and Muffins, and Healthy Beginnings), and also in Yazoo City, Brandon, and Rolling Fork

Project Coach conducted site visits and created training and technical assistance plans for the project teams and for the Part C providers in general. The major themes were the use of transdisciplinary teaming, play-based assessment and intervention and currently recommended practices. Project Coach strongly encouraged links to the district service coordinators and other service resources in their communities. Over time, teams began to express an understanding of the need to support their local interagency coordinating councils and to work closely with the Part C staff.

As part of the evaluation of training, the project conducted interviews and surveys regarding their mentoring experiences. The project participants reported that the sharing of forms and materials and the discussion of issues and process for resolving problems as a team were very important. Also important were observing good team practices in action and how things are coordinated. They appreciated having the experience planned and feeling safe as a learner. They found it helpful to be able to discuss specific issues with a colleague in their discipline and to have others model unfamiliar or new skills and then be able to practice with support. As a result of the experiences, the participants reported increased team efficiency and a better understanding of how the team process works and what "team" really means. Some located many new resources for their continued professional development and improvement of their services. They reported that many questions were answered and they had a greater sense of understanding of the logistics and process for a team. They also reported that they found learning to be rapid and efficient. Appendices C & D of this report contain more information on the participants' comments and evaluations of mentoring and coaching experiences.

When interviewed about their overall training experiences with the project, the teams reported positive outcomes from all of the activities. Each one of the activities was identified as "best" for at least one of the teams. The teams specifically praised opportunities to network and discuss with colleagues as well as intensive, focused, hands-on training activities. Many people found the interactive video conferencing to be a helpful way to keep in touch and stay motivated. They also identified concepts or ideas that were presented through the project that strongly influenced what they were doing, such as, the importance of child development theory and a variety of currently recommended practices from the field of early intervention, e.g., the family-centered approach, transdisciplinary teaming and play-based assessment and intervention within activities and routines. Many felt more committed to early intervention and have become strong advocates. They also concurred that Part C in the state has made a great deal of progress, but still has much more to make. As we completed Project Coach and moved into the next phase of training and technical assistance sponsored by a large state contract, the teams asked for continued training in best practices in early intervention.

Objective 5: Evaluate the effectiveness of the model on policy and practices. Evaluation will focus on the Willowood site, the Mentor Team, [providers] in other adopting sites, the caregivers, and the training curriculum.

Task 5.1 Refine interview, observation and rating measures to be used.

Task 5.2 Evaluate the extent to which the participants implemented the model

Task 5.3 Evaluate child data to determine extent of child change

Task 5.4 Evaluate the achievement of specific competencies of early childhood staff

Task 5.5 Evaluate the impact of the project on community services, resources, and individual needs.

Task 5.6 Evaluate the extent to which timelines and management objectives are achieved.

Evaluation of management objectives was conducted through an in-house and advisory review process. Individual project staff communicated continuously for planning and revisions of deadlines. The popularity of email greatly enhanced the ability to communicate quickly across the state, thus enhancing our efficiency. Project staff continuously discussed and monitored timelines, and arranged schedules to meet the primary goals of the project. Of necessity, flexibility had to be provided the staff and participants in meeting deadlines. Over the three years, there have been only a few delays in meeting timelines.

Instruments used previously and data results were shared with advisors, the IDS research coordinator and NEC*TAS consultants in order to refine and develop appropriate evaluation tools and methods. Evaluation objectives occurred at two levels: One, evaluation of the entire project and two, evaluation of the participants. Project evaluation consisted of three phases: Project input, project process, and project outcome. Both quantitative and qualitative, formative and summative data were collected in order to provide information that could be used to make judgments about the model and each of its components.

The project has used interviews, questionnaires, and observation techniques to collect initial and outcome data. After discussion with other projects, colleagues, advisory groups and participants, the project used and reworked some of the previously successful project methods, and included the needs surveys and focus group methods conducted by collaborating projects, i.e., TransTeam and STAIRS. The project followed all participants closely and has a great deal of qualitative data reflecting change and barriers to change. The project was unable to collect group data on the competencies of the child care staff because of the great amount of turnover in the center, but offers the recent accreditation by the National Association for the Education of Young Children as evidence of the improved quality of the center and performance of the staff.

Evaluation of outcomes for children and families was included as an important measure of the quality of the Mentor Team. These data were to assist in designing training and technical assistance for them, to help with self-evaluation, and ultimately to promote the model. Children were assessed periodically using accepted developmental measures. Overall, children progressed at or above expectancies. Families were also asked to report their assessment of goals attained. These data may be found in Appendix D.

Appendices A through E include data describing the scope of training and the achievement of outcomes. The qualitative data found in the comments and responses to survey and interview questions about the participants' change in practices is particularly informative

(Appendices C, D, E). Also, similar questions were periodically asked of administrators (Appendix D). The nine district coordinators for Part C were asked annually to evaluate change in the state's program and to connect this with training. The results have been positive overall and they continue to value training and technical assistance as an important part of improving the program. Other evidence of the impact of the project on services may be found in the significant increase in the number of team services being offered as depicted in the maps on pages 14 -15 Finally, one of the most gratifying outcomes of the project is its continued funding through a contract with the state's early intervention program and the creation of MITTS, the Mississippi Infant Toddler Technical Support Center.

Project Coach has been closely involved in assisting MS's Part C in developing service coordinator competencies to help plan orientation and inservice training in the future. The state is now looking at a portfolio model for certification of early interventionists, along with the adoption of the DEC competencies and credentialing of all those working in early intervention. MITTS is currently conducting a state-wide survey of needs and competencies and redesigning a competency evaluation to reflect both these trends. It is anticipated that this document will follow an approval process with the state interagency coordinating council and become part of the state policy and procedures for Part C.

Objective 6: Disseminate Project Coach Outreach throughout the state, region, and dissemination through demonstrations, presentations and publications to include collaboration with other projects and the development of their products.

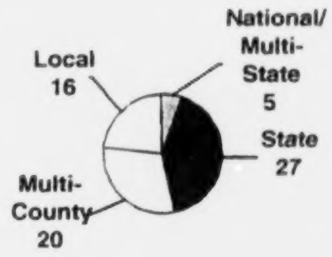
Task 6.1 Expand training materials
Task 6.2 Provide input to the Project ADAPT curriculum
Task 6.3 Distribute to all relevant parties
Task 6.4 Arrange for professional dissemination
Task 6.5 Disseminate training information through presentations at state conferences.

Project Coach has disseminated several new products as a result of the training offered and needs identified. The project republished six revised modules and has available nine new ones. These include all of the workshops previously listed on page 10 and selected portions of our best reviewed trainings for service coordinators and providers: *Toys and Young Children: A Perfect Match, Taking Care* and *First Contact.* Also the project fulfilled its responsibility to Project ADAPT, a paraprofessional preservice training project directed by the Institute for Disability Studies (IDS) that ended during Year I. The curriculum was reviewed and developed through IDS and disseminated to the community colleges.

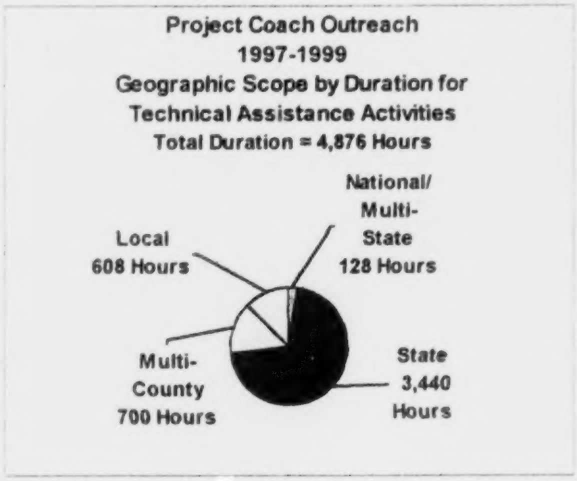
The project also developed a *Child Care Observation Guide* for parents and those less familiar with the characteristics of quality child care centers. This is a unique guide that the project staff and advisors felt would be a very helpful contribution to facilitating family decision making where inclusion was being considered. These products are currently available through the Institute for Disabilities Studies, Box 5163, Hattiesburg, MS 39406.

With the assistance of NEC*TAS and the UAP network, it is anticipated that products will continue to be appropriately marketed and disseminated. The Part C First Steps program purchased 2,500 Child Care Observation Guides during Year II and distributed them to all the Part C parents in the state. Project Coach provided training for all service coordinators on the use of the Guide.

Project Coach Outreach
1997-1999
Geographic Scope for
Outreach Training Activities



Project Coach staff has presented at numerous conferences and workshops to include a statewide, multi-agency sponsored conference, BRIDGES; the Mississippi Early Childhood Association Conference; the MS Public Health Association; the Head Start Inclusion Conference; the Early Intervention Resource Fair; the Southern Early Childhood Association conference; the Gulf Coast Conference on Early Intervention; and the OSEP Combined Meetings.



In addition, project teams have presented elements of the model at various national professional conferences. The project has conducted numerous workshops for service coordinators and local service providers. Also, the Mentor Team has conducted workshops on a regional basis as well as the other model project teams. The Project is using its connections with advisory boards and Part C to disseminate information about training opportunities to the appropriate individuals. The geographic scope of technical assistance graphic (above) also suggests good dissemination of project information throughout the state.

State and National Presentations by Project Coach Outreach

Attributes of Caregivers (Region IV Disability Coordinators, Atlanta, GA)
Training Needs of Professionals in Early Intervention (American Psychological Association)
First Contact (MS Public Health Association)
I *Want to Play, Too* (Regional Head Start)
Blending Your Project with Your State T.A. System (OSEP Combined Meeting)
Early Intervention is Multidsciplined (Jackson State University)
Imagine Knowing Where to Turn for Help (Annual Child Care Conference, Jackson, MS)
Home-School Partnerships (BRIDGES)
Exploring Inclusion in Early Childhood Education (MS Early Childhood Association)
Project Coach Outreach (MS Early Intervention Resource Fair)
Creating Your Inclusive Environment (MS Conference on Inclusion)

Inclusion (MS Voices for Children)

Conversations about Infants/Toddlers with Special Needs (ongoing Interactive Video Conf.)

State and National Presentations by Project Teams

Children with Disabilities: Not a hospital discharge but a community admission (MS Nurses Association)

*Interventions in Natural Settings (*Alabama Early Intervention conference)

*Early Intervention Services (*MS Speech and Hearing Association)

Child Centered Assessment: Supporting healthy development of families with children with special needs (1999 American Association of Family and Consumer Sciences)

It's play time! Developmentally appropriate, play-based assessment for very young children (1999 NAEYC Annual Conference)

A Comparison of Traditional Psychometric and Play Based Approaches to Assessing Young Children. (1998 Zero to Three conference)

Local and Regional Workshops Presented by Project Teams

Too Small, Too Soon (conference on premature infants)

But That's Only Play

The Amazing Brain

Brain Development: The Importance of the Early Years

Sensory Processing Disorders: Effective Interventions, a Transdisciplinary Approach

It Takes a Village, but what if the Village is Dysfunctional? A conference on maltreatment

Baby Massage

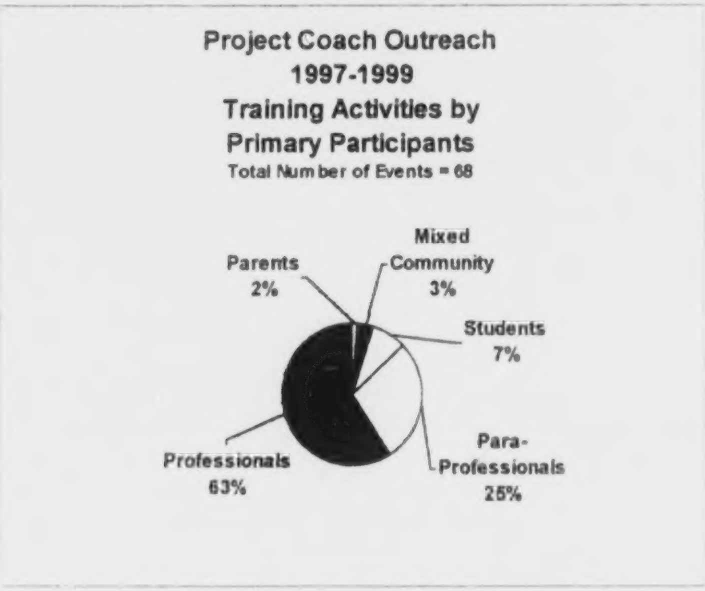
Speech and Language Disorders and First Steps

IFSPs

Routine Based Early Intervention Services

Understanding Part C Law

The vast majority of the primary participants at these workshops and seminars were professionals, although practically every event included participants from many professional backgrounds and levels of training. Families were always welcome and encouraged to attend, but everyone, including the project, found it difficult to get more than a few families at events.

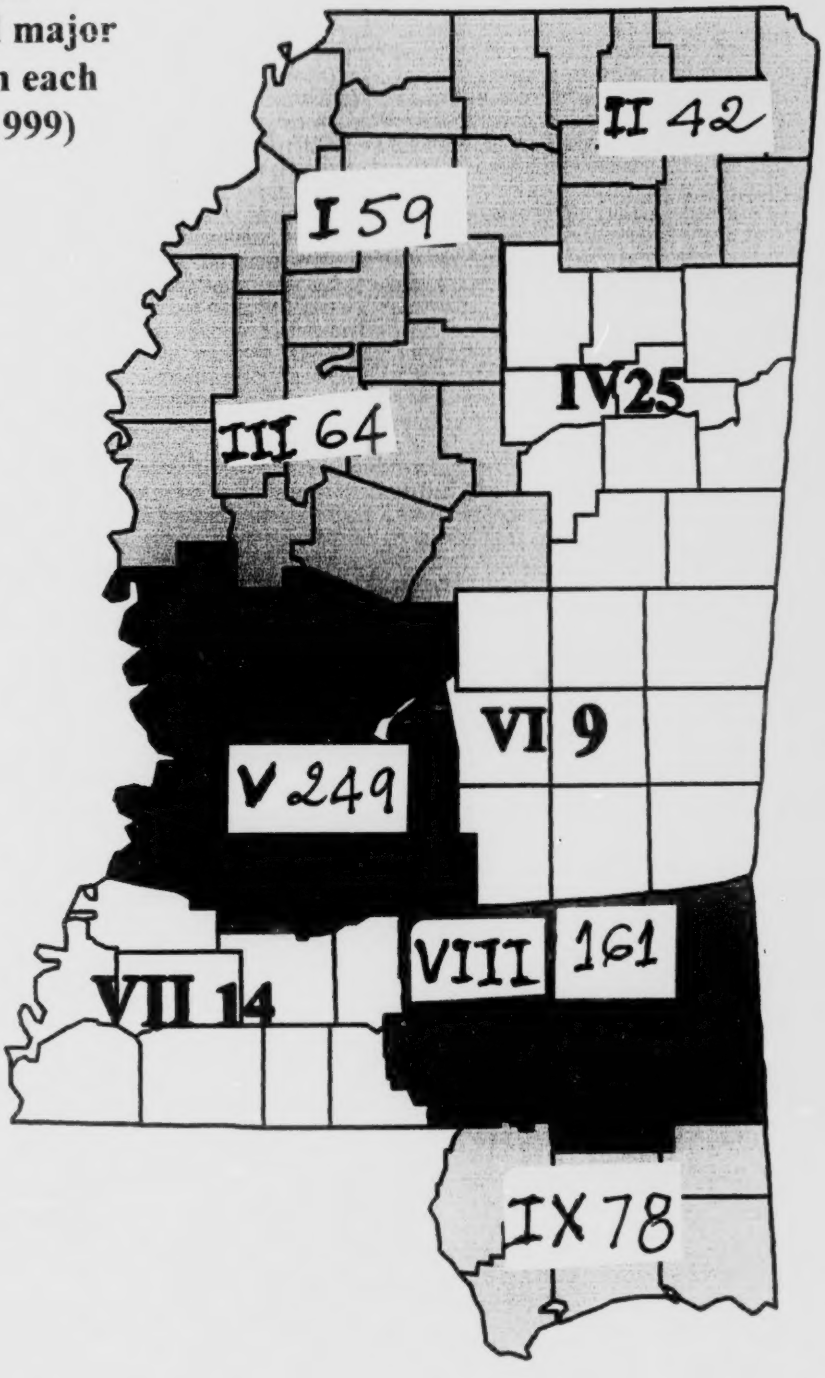


APPENDICES

A. Summaries of Training and Technical Assistance Data
B. Surveys of Infant/Toddler Training Needs in Mississippi
C. Training Events Evaluations and Summaries
D. Impact Summary Reports
E. Agenda and Minutes from *Conversations* videoconferences
F. Project Directors' Visions Paper
G. Examples of Modules

A: Summaries of Training and Technical Assistance Data

Numbers of professionals attending institutes and major project workshops from each Part C district (1997 - 1999)


II 42
I 59
IV 25
III 64
VI 9
V 249
VIII 161
VII 14
IX 78

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Summary of Training and Technical Assistance Data
Provided by Project Coach Outreach Staff

1997- 1999	Number of Participants	Contact Hours
Training Events (68)	2,130	335
Technical Assistance	12 teams, 75 Part C staff	4,876

1997-1999 Technical Assistance Hours by Topics

Topic	Hours
Early Intervention System and Practices	2,421
Staff Development/Leadership/ Personnel Prep	1,485
Transdisciplinary Team Process	430
Service Coordination	155
Prevention	121
Child Find/ Evaluation	89
Families/Family Support/Parenting	45
Inclusion	39
Working with Child Care/ Head Start	37
Public Policy/Planning	25
General Disability Info/Awareness	12
Human Growth & Development (general)	12
Health Care	6
TOTAL HOURS	**4876**

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Technical Assistance Hours by Participant Type

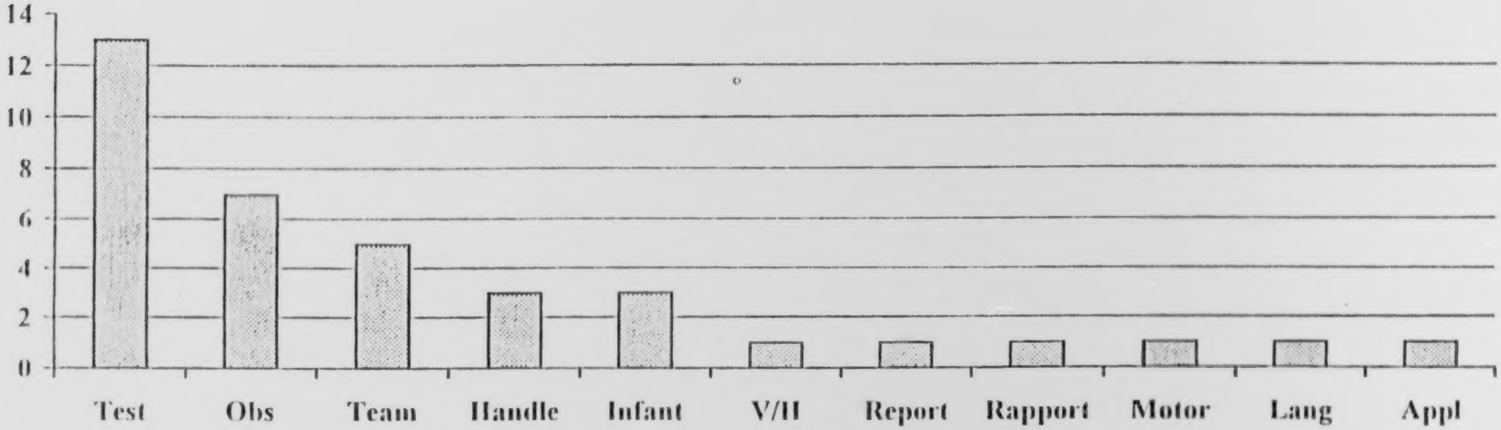
Primary Participant	Year 1	Year 2	Year 3	Total Hours
Professionals	808	1,510	2,172	**4,490**
Para-Professionals	220	30	5	**255**
Parents	60	17	27	**104**
Mixed Community	---	4	23	**27**
Total Hours	**1,088**	**1,561**	**2,227**	**4,876**

PROJECT TEAM	Interns/Grad Assist	Student Observers	
MS State Univ	4	229	
U of Southern Miss	???		
Dreamcatchers	13	n/a	
Jackson State	2		
MS Valley State	2		
Univ of Miss	3		

B: Surveys of Infant/Toddler Training Needs in Mississippi.

EI Provider Survey
N = 23

Training Requests – Ranked by frequency of requests



Test	Test Selection	Obs	Observation skills
Team	Assessing as a Team	Handle	Handling of Infants
Infant	Infant Assessment	V/H	Vision/Hearing Instruments
Report	Report Writing	Rapport	Establishing Rapport
Motor	Motor Control	Lang	Receptive & Expressive Language
Appl	Practice/Practical Application of Diagnosis		

Jan, 1997

[illegible]

Questions Asked

Handling discrepancies in results b/n parents expect & actual.
Different test for suspected delays
Computer scoring & report writing
Info on how to write report so accepted by local school
Is it family-centered if info collected over a couple of visits to home (question of true ability)?
Feels MS SDE should give input at workshops since must meet SDE criteria to be ruled eligible w/ school (age 3)
Like to spend time going over the writing of reports.
Like to be more familiar w/ different assessment tools.
Interested in assessment info which can be obtained in a timely manner, which will give me valid, practical info in planning services for the child & caretaker.
How to interpret results to families so they can benefit and see a need for certain adjustments in family interaction/behaviors.
How to interpret data to other professionals to better insure services are provided that support family needs.
How to influence other professionals to use appropriate instruments & interpret data appropriately.

Follow-Up Training Requests
from
Assessment Institute Participants

June 9, 1997 & September 9, 1997

TOPIC	Person(s) Requesting
Assessment Practices	Sandra, Suzie, Maria, Clarissa, Doristene,
Intervention Practice & Ideas	Cindy, Sandra, Lisa L (SI), Debbie (routine), Lisa H, Suzie, Cheri, Verna (TPBI), Suzanne, Mary, Maria, Doristene, Volley, Deb A
Parent-Child Interaction	Debbie, Suzanne, Verna. Mary, Maria
Family-Centered practices	Cheri, Debbie
Special Topics: Autism Drug Exposed	Lisa Harrison
Report Writing	Mary, Verna, Suzanne, Cheri, Volley
Writing Outcomes	Mary, Cheri, Volley
Child Develop (typ/atyp) & DAP	Cindy, Cheri, Mary, Suzanne, Verna
Cross-Disc Learning & Teaching	Cheri, Bernice (PT), Lisa L. (PT)
Anything	Doristene, Maria, Wanda
No Response	Beckey, Ronnie

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MS SERVICE COORDINATOR SURVEY
JUNE, 1998

Core Knowledge Topic	Cumulative Knowledge Score	Subjective summary of districts reporting lower ratings for knowledge of topic & interest in topic									Number of requests for training	
		I	II	III	IV	V	VI	VII	VIII	IX	Maybe	Definitely
I. Legal & Social Issues												
c. Relevant state & federal law	**3.44**	x				x			x		5	12
f. Procedures	**3.76**							x			12	7
II. Services, Funding & Resources												
c. Funding sources	**3.44**		x	x		x			x	x	4	12
d. Policies & agreements supporting interagency collaboration	**3.36**			x	x	x			x	x	4	14
e. Resources to facilitate integration	**3.88**					x		x	x		5	10
f. Transition (DOE info)	**3.64**										9	10
III. Child Development												
b. Disability causes, i.e. drug exposure	**3.44**			x		x			x		6	13
c. DAP & intervention	**3.28**	x						x	x		8	8

Core Knowledge Topic	Cumulative Knowledge Score	Districts reporting lower ratings for knowledge of topic and interest in topic									Number of requests for training	
		I	II	III	IV	V	VI	VII	VIII	IX	Maybe	Definitely
IV. Family Systems & Theory												
c. Family stressors & EI	3.76			x	x	x				x	7	11
d. Empowering families	3.64	x					x	x			5	10
e. Cultural competency	3.84			x	x						7	10
V. Professional Collaboration & Training												
a. Team models	3.48			x	x	x					8	10
b. Training and function of EI personnel	3.52					x		x	x	x	5	11
c. Roles in early intervention	3.52										7	9
VI. Communication												
d. Professional & technical writing	3.80					x		x		x	9	8

IDS 1999 Early Intervention Resource Fair Training Survey

What type of training works best for you?

Workshops	Video	Books and Articles	Conferences	Audio Tapes	Internet	Video Teleconference
43	17	16	16	8	5	3

What topics would you like to learn more about?

Typical and atypical child development, including specific disorders	General early intervention services & strategies	Internet & computers	Specific methods for EI,, e.g. feeding, SI, recreation, & assistive tech	Assessment	Working with families and parent education , including abuse prevention	Behavior support & development including toileting	Health care, financing & medical aspects of DD	Disability advocacy & rights	Teenage pregnancy
19	14	9	8	6	6	6	4	2	2

What training locations are possible for you and what locations are best?

The Jackson area was listed as the predominant favorite. It should be noted that most of respondents were from the Jackson area.

Are you a parent or professional? Parents = 33 Professionals = 38

Educator/special educator:	12
Nurse/health worker:	9
Psychology/social work:	3
Family specialist:	1
Speech pathologist/audiologist:	2
Nutritionist:	1
Recreation therapist:	1
OT/PT:	3
Administrator:	2

Districts Represented

District I :	1	District VI:	0
District II:	2	District VII:	2
District III:	10	District VIII:	2
District IV:	1	District IX:	1
District V:	45		

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C: Training Events Evaluations and Summaries

Service Coordination Conference
December 11-13, 1996

"Overall Conference Evaluation" Summary
(15 forms out of 48 participants)

The session I enjoyed the most was.....

Home Visiting Safety - 2
Jeff and the IFSP form - 3
- A positive change! Very informative and encouraging.

Family Assessment
Writing IFSP Outcomes and Objectives - 2
Developmental Implications of Down Syndrome - 4
UMC High Risk Follow-up - 2
An Ounce of Prevention...
Taking Care of Yourself

The session I enjoyed the least was....

Family Assessment - 2
Nutrition for Special Needs Children - 6
Developmental Implications of Fetal Alcohol Syndrome
Mental Health - 4
- Procedures should be developed on local level - including our local ICC/Parents...very inappropriate way to give your staff info!!!
- Topic was not conveyed in a positive manner. It put many people on the defensive. They should have considered input from people in the field.
- Did not like the atmosphere during the meeting, lack of Service Coordinator involvement with process and lack of any parent or local ICC involvement.
- Hearing Mental Health rep tell us how to dour job is insulting and has anyone checked Part H to see if this thing complies with the law!!!

I would like to hear more about....

Abused children - 2
Team building with our actual providers
Writing IFSP Outcomes and Objectives - 4
Making new IFSP work
Home safety
Dr. Glen Graves - regarding medically fragile children.
Developmental implications of various impairments/syndromes - 2
Taking Care of Yourself
Proper guidelines for internal service coordination issues, ie interim IFSP.
Blake Clinic/CDL/CDC and the services they offer.
Coordination between Part H and Part B.

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I have heard enough about....

Sexual abuse and neglect prevention
IFSP and objectives
Home conditions of our families and how it is perceived by us and other providers.
Mental Health - 2 ("they don't play ball!!)
Internal problems - 2

- All districts need to be represented.
- Need action: more state committees like IFSP committee; reps from various districts, providers and especially families. Change needs to come from collaborative means.

"I don't think we can hear too much of anything is this profession.
Nothing...I don't know everything.

Overall I thought the conference was...

O.K. - 4
- Better than previous ones. More pertinent info.

Good - 5
- Except for Thursday afternoon with Mental Health.

Very structured and coordinated
Excellent - 2
- May need more hand on activities.

I feel central office failed to address SC needs. Central office did not introduce their staff or SCs to other SCs.
Helpful in service delivery for clients served in my county.
Please take more consideration in to the time of the year that conferences are planned. We (should) have family centered with our family(ies) also.
I received a lot of information that I can take back to my counties and really use. The conference was very well planned.
Much better than previous training. Information is being presented in a manner that applies to SC's and families. Thanks!
Great!
- I have a much better picture of the Early Intervention Program. I believe I will be more effective as a Service Coordinator. Thanks for the SWUs.

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Training
Continuing Education Evaluation

Title Service Coordination Conference "The Revised and Improved IFSP Form"
Location Jackson
Date December 12, 1996
Number Attending 48
Number Evaluation Forms 24

	5	4	3	2	1	N/A
1. Extent to which speaker was knowledgeable, organized and effective in the presentation.						
Name Jeff Kresge	20	4				
Name						
Name						
2. Learner achievement of objectives						
Objective 1	19	5				
Objective 2	N/A					
Objective 3	N/A					
3. Extent content related to the session objectives.	19	5				
4. Extent the teaching methods and aids were appropriate and used effectively.	18	6				
5. Extent physical facilities were conducive to learning.	19	5				

Suggestions for topics or speakers for future programs and comments: *(may continue on back)*

Mr. Kresge is an excellent oral presenter and has a complete knowledge of what he is saying. He had very ones attention. He related to our every day job experiences and to the coordinators involved.
This was wonderful!
Would like a chance to voice opinion.
Very nice.
Jeff and the committee did an excellent job on IFSP. I feel he followed good communication with all districts for local input and as a result has developed a good, family centered IFSP keeping with regulations. Future committees should follow his role of including input from all districts. Service Coordinators are doing the work and should have input in to something that effects their families and communities in their area. Good for Jeff!
Mr. Kresge and his committee should be commended for the work done to decrease the current IFSP.
Impressed with the tool that has been presented.

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Developing A Creative Art Center
January 15, 1997
Willowood
Connie Clay
Participants Evaluations

Question 1-6 and 9-10 mean scores	Question 7	Question 8	Comments
1. 6.63	7	Y	I enjoyed this workshop
2. 6.75	-	Y	Strength: to set up an art center
3. 6.4	7	Y	Strength: How to set up an art center
4. 7.0	7	N	WONDERFUL ☺
5. 7.0	7	N	Strength: There were examples set up for each item presented.
6. 7.0	7	N	The overall was great.
7. 7.0	7	N	Strength: examples shown
8. 6.88	7	Y	The overall session was well explained & understood and will be very helpful when setting up centers.
9. 6.75	7	Y	Strength: seeing a real art center
10. 7.0	7	Y	Great ideas!!
11. 7.0	7	Y	
12. 7.0	7	Y	Strength: how to set up an art center—didn't know how
13. 7.0	7		
14. 7.0	7		Strength: how to set up an art center
6.89	7	8Y 4N	

Developing A Creative Art Center
January 16, 1997
Willowood
Connie Clay
Participants Evaluations

Question 1-6 and 9-10 mean scores	Question 7	Question 8	Comments
1. 7.0	7	N	You can take anything & make something out of it pertaining to art
2. 7.0	7	N	
3. 7.0	7	N	
4. 7.0	7	N	
5. 6.75	7	N	This has been a very successful training for me.
6. 6.71	7	N	Strength: seeing how things were actually set up
7. 6.88	7	Y	
6.91	7	1Y 6N	

Setting Up Infant/Toddler Environments
January 23, 1997
Willowood
Connie Clay
Participants Evaluations

Question 1-6 and 9-10 mean scores	Question 7	Question 8	Comments
1. 6.88	7	Y	Strength: Knowledge & enthusiasm of presenter
2. 5.63	5	N	Strength: the safety concerning the children & their learning
3. 6.63	7	N	Strength: keeping children safe, clean, & have space that child needs for play
4. 7.0	7	N	It was a learning experience for me and we learned a lot.
5. 6.75	7	N	I think this learning session was a very great thing for me. More knowledge about children for me.
6.58	6.6	1Y 4N	

Dramatic Play/Blocks
January 29, 1997
Willowood
Connie Clay
Participants Evaluations

Question 1-6 and 9-10 mean scores	Question 7	Question 8	Comments
1. 6.88	7	N	Strength: materials showed ideas for "homemade" materials
2. 7.0	7	N	Strength: everything was laid out to give us a clearer & more understanding view.
3. 6.75	7		
4. 7.0	7	N	
5. 5.63	6	Y	
6. 7.0	7	Y	
7. 7.0	7	N	
8. 7.0	7	N	Strength: real life examples. Very interesting.
9. 7.0	7	N	Strength: lots of great ideas!!
10. 7.0	7	Y	
11. 7.0	7	N	Strength: very good, it gave me some ideas to put into action.
12. 7.0	7	N	
13. 6.5	7	N	Strength: learning to set up centers for dramatic play & blocks.
6.83	6.92	3Y 9N	

Dramatic Play/Blocks
January 30, 1997
Willowood
Connie Clay
Participants Evaluations

Question 1-6 and 9-10 mean scores	Question 7	Question 8	Comments
1. 6.38	7	Y	Connie, you do such a good job of explaining & understanding.
2. 7.0	7	N	Strength: the different materials that you can save & make things with.
3. 7.0	7	Y	
4. 6.5	7	Y	
5. 6.63	7	N	
6. 6.75	7	N	Information provided was very interesting.
7. 6.57	-	Y	Strength: well presented
8. 7.0	7	N	Strength: all
6.73	7	4Y 4N	

Fun and Effective Lesson Plans Make Exciting Classrooms

March 18, 1997
Connie Clay
n = 4

Overall I consider this session	7.0
Do you feel a need for additional information on this topic?	1 = yes 3 = no
Comments	Everything was thoroughly explained; everything mentioned was helpful to the preschool in general; handouts; session could have been longer and more hands-on experience would have been beneficial; showing us how to actually write a schedule; the workshop was helpful, just need time to plan

Fun and Effective Lesson Plans Make Exciting Classrooms

April 4, 1997
Connie Clay
n = 13

Overall I consider this session	6.69
Do you feel a need for additional information on this topic?	10 = yes 3 = no
Comments	We did not have enough time; the hand on; everything was helpful; showing me how to write lesson plans; having the proper materials, time, and resources to prepare; books, learning how to plan lesson plans, how to do effective learning plans; communication; going over the steps to develop a plan/resources.

The Great Outdoors: Taking Learning a Step Further

July 16, 1997
Connie Clay
N = 15

Overall I consider this session	6.7
Do you feel a need for additional information on this topic?	5 = yes 5 = no
What was helpful?	Specific activities good ideas hands on

(Likert scale 7=excellent and 1=poor)

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Designing the Environment for Effective Learning

May 7 1997

Connie Clay and Victoria Quinlan

n = 13

Questions	Ratings (1 = Poor 4 = Very good)
1. How do you rate the training session?	3.69
2. How do you rate the presenters' method of presentation?	3.85
3. Will the information presented and shared in this training be helpful to you?	3.83

Most helpful aspects:

- having child care worker participate
- displaying child's work on floor and laminating them
- everything presented today was helpful
- the tape helped very much
- how to set up the classroom; things you should have in a learning area
- learning to clearly define your learning centers
- ideas to help improve my classroom
- how to make sure that your classroom is well defined and set up for the safety of each child within the area

Does this topic need to be presented again this term

- no = 3
- yes = 3

Comments:

- I have enjoyed this session
- excellent presentation
- the training was very good
- I really enjoyed this workshop; very good presentation
- it would be nice to visit the other classrooms
- I enjoyed the session. It will be very helpful to me.

Early Intervention Program (Part H & IDEA)

Location: Greenwood
June 16, 1997
Linda Neyman and Deborah Calloway
N = 10

Questions 1-6, 9-10	Question 7	Question 8
6.21	5.58	no = 6 yes = 4

Comments

- strong features
  - child assessment video
  - team interaction
  - handouts
  - information
  - assessment of 0-3 year olds
  - laws
- weaker feature
  - beginning on time
- general comments
  - enjoyable
  - informative
  - very good
  - training was helpful in providing general understanding of early intervention

IFSP

Location: Oxford (Health Districts I, II, III)
July 1, 1997
Linda Neyman and Deborah Calloway
N = 16

Questions 1-6, 9-10	Question 7	Question 8
6.19	6.33	no = 14 yes = 2

Comments

- strong features
  - presenters
  - handouts
  - good precise ideas
  - clear information that can be helpful
  - amount of preparation by presenter
- weaker feature
  - not enough time to cover nuts and bolts
- general comments
  - very usable session
  - very good
  - more practice time

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Part H and the Revised IFSP Forms

Location: Jackson - Health District V
July 7, 1997
Linda Neyman
N = 10

Questions 1-6, 9-10	Question 7	Question 8
6.83	6.88	no = 6 yes = 2

Comments

- strong features
    - simple and easy to understand
    - very explanatory
    - speaker very knowledgeable on subject
    - material presented
    - changes in the IFSP and information provided by the presenter
- weaker feature
    - no comments
- general comments
    - speaker very knowledgeable and well informed
    - session was informative and I feel confident that the new IFSP form will be utilized fully
    - I am happy to know that plans are being made for forms to be officially presented

Part H and the Revised IFSP Forms

Location: Jackson
August, 8, 1997
Connie Clay
N = 5

Likert scale 7=excellent and 1=poor
Average of responses

Questions 1-6, 9-10	Question 7	Question 8
5.8	5.8	no = 5 yes = 0

Comments

- strong features
    - presenters
- weaker feature
    - no comments
- general comments
    - very well presented; very good

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McCallon Workshop Evaluations
Summaries

Topic: Transition Through Collaboration Date: 05/06/97

Presenter(s): Stella Fair & Theresa Bennett

Location/School District Health District 9 (If TA provided)

Name of Conference:

(If presentation at conference/workshop)

Number of Participants: 60

	Number of Respondents	MEAN
1. Organization (Excellent = 7.....Poor = 1)	28	6.5
2. Objectives (Clearly Evident = 7...Vague = 1)	28	6.4
3. Presenter(s) (Excellent = 7...Poor = 1)	28	6.5
4. Schedule (Very Interesting = 7...Poor =1)	28	6.3
5. Scope (Very Adequate = 7...Inadequate =1)	28	6.6
6. Information (Very Beneficial = 7...No Benefit = 1)	28	6.6
7. Overall (Excellent = 7...Poor = 1)	28	6.4
	Overall MEAN:	6.5

(Better understanding - 6.3)
(Implement information - 6.1)

Additional Information: 13 (yes) = 46 % 15 (No) = 54 %

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Traveling Together: Transition Through Collaboration
May 6, 1997
USM Gulf Park

The Stronger Features of the Session are:

- Changes in type of presentation, materials
- Opening communication among agencies within each community
- It was a great workshop
- Groups with your local school providers
- The panel, working workshop
- A variety of activities
- The collaboration effort
- The information provided about the need for the team to work for the benefit of the child
- Participant involvement
- Group discussion: talking with others in different agencies
- Meeting all the agencies

The Weaker Features of the Session are:

- Acoustics - difficult to hear in groups
- Time too limited, poor acoustics
- Group work size too big
- Limited question and answer session by panel
- Negativity of various individuals
- The visual aids would not stick to the wall
- Acoustics
- Time

General Comments of the Session were:

- The workshop was excellent. This is new to me so there is so much information that I will have to learn on my part and then perhaps I'll have a much better understanding.
- We need more sessions of this type.
- More group discussion to concentrate on particular county/school needs
- It was an informational & generally a good workshop
- Need county/district list of resources available
- Good workshop
- Would like to see school system people more often to facilitate smooth transition
- Good workshop
- Thanks!

A CLOSER LOOK AT SPECIAL CHILDREN

	Question 1-6, 9-10	Question 7	Question 8
1.	46	46	YES
2.	36	4	YES
3.	56	7	YES
4.	56	7	NO
5.	48	6	NO
6.	47	6	
7.	49	6	YES
8.	52	7	NO
9.	53		NO
10.	44	5	YES
11.	48	6	NO
12.	40	6	YES
13.	47	6	NO
14.	50	7	
15.	52	7	YES
16.	53	7	YES
17.	48	6	YES
18.	47	6	NO
19.	44	5	NO
20.	51	7	YES
21.	55	7	
22.	56	7	NO
23.	56	7	NO
24.	56	7	NO
25.	56	7	NO
26.	51	6	NO
27.	51	6	NO
TOTALS	1348	164	YES = 11
	GROUP MEAN = 6.24	**GROUP MEAN = 6.1**	NO = 13

STRONGER FEATURES

- *Dr. Duncan's presentation was very good. He had a lot of information and shared it effectively in a short period of time.*
- *Interviews and Assessments.*
- *Handouts and visual aids..*

WEAKER FEATURES

- *Staging of sessions--could not finish due to next speakers' content. Too much to present with the time frame.*
- *Attendance.*
- *Nothing was week. All presenters had a very good and informative presentation.*
- *Too cold.*

GENERAL COMMENTS

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- *Good food and refreshments. Could have used another scheduled break.*
- *Great! Great! Please send me information anytime you are doing conference work.*
- *Aspects of play based assessment were interesting.*

Orientation for University and School District - Early Intervention Project Grant Recipients

October 28 - 29, 1997

Questions 1-6, 9-10	Question 7	Question 8
6.2	6.0	Yes = 5 No = 3

1 = poor; 7 = excellent

Comments:

Stronger features:

Hands-on experiences.
Toys breakout was excellent.
Organization, networking, philosophy overriding sessions, info re: what Health Dept is doing re: implementing IDEA.
Relaxed atmosphere, expertise of presenters.

Weaker features:

Multiple workshops in one room

General comments:

Good workshop with a lot of useful information.
Need more information.
Look forward to more. Also, impressed with the organization of implementation by MSDH of IDEA and the strategies used in addressing the issues of our state's unique attributes.
Excellent training.

First Contact: The Importance of the Early Years

MS Public Health Association Meeting
Broadwater Beach Resort, Biloxi, MS

September 11, 1997

Presenters: Stella Fair & Connie Clay

Total Respondents: 55

Questions:	Scale: 5=High, 1= Low
1. Knowledge, effectiveness, organizations of speakers	4.7
2. To what extent were the objectives achieved?	4.7
3. To what extent did the content relate to the objectives?	4.8
4. Teaching methods and aids appropriate and effective?	4.6
5. Physical facilities conducive to learning?	4.1
Suggestions: More guidelines for helping parents, More emphasis on the role of breast feeding experiences related to development	
Comments: Excellent presentation; positive interaction. Interesting workshop. Thanks. Enjoyed very much. Very informative!!! I'm glad to see that early intervention has been stressed to the rest of the health department.. Too many co-workers don't understand what I do. This speaker used visuals.. Which makes the presentation more interesting. Excellent information ...presented well... This workshop great for parents to be. Too elementary for nurses and MDs. Very clever presentation. Don't ever be apprehensive about explaining information in simple terms - it's truly the best way. Very informative and creative. Speakers were very knowledgeable. Visual aids & hand/brain comparison very good. I loved the feeding slide! Very positive message.	

Workshop Evaluation Summary
Taking Care
December 2, 1997

Presenters:
Margie Cox, Tammy Dempsey, Stella Fair, Mo Conville, Fran Martin, Jerome Kolbo

Total Respondents: 11
Rating scale: 7=high, 1=low

Questions	Total / Mean Ratings
#1	69 / 6.27
#2	60 / 5. 45
#3	69 / 6.27
#4	72 / 6.55
#5	65 / 5.91
#6	66 / 6.0
#7	58 / 5.27
Request for Additional Training	No=6 , Yes=5
#9	62 5.64
#10	61 5.55

Comments on the numbers:
These data are negatively skewed, causing the means to be somewhat misleading. There were two of the eleven individuals who felt the objectives were vague and the workshop inadequate. All of the other respondents ratings were in the "excellent" categories.

Infant and Toddler Assessment Institute
June 9-13, 1997
S. Fair
Summary of 16 evaluations

Questions	Averages per question (1=excellent 7 = poor)	Comments
1	1.12	
2	1.25	
3	1.62	"Intense but very interesting." "Intense"
4	1.06	
5	1.06	"It was good to have real people with experience yet still accessible."
6	1.12	"Theme was "assessment" but actually dealt with lots of intervention, practical, usable stuff."
7	1.25	"Each speaker could have been a 2-4 year course. Good balance of general information and specific suggestions."
8	1.69	"Much more intimate than lecture hall or classroom."
9	2.19	"'Too cold' is always better than 'too hot'. Good job." "Cold" "Too cold"
10	1.44	"'Nice' but almost crowded feeling (chairs really uncomfortable)."

11. The most positive features were:
    - I enjoyed all speakers. They all seemed to have a good grip of the topic. Enjoyed observing Toni Linder
    - It was jammed packed with excellent knowledgeable speakers
    - Useful fundamental information being shared
    - The information was very useful
    - Series of speakers presenting their area of expertise: Handouts will be an excellent resource
    - Real life practice evaluating and writing assessments
    - Relevant information; good opportunity to put what you learned into practice
    - Working with Dr. Toni Linder
    - Good instructor
    - Hands on training with Dr. Linder
    - Very well informed speakers (i.e. Linder)
    - We were talking (?) through the model and we used children to create an actual setting.
    - The play based assessment activity of working with children and parents
    - Variety of personnel that provided information and how their philosophy fit the play based assessment approach
    - The expertise of the trainers/speakers and the content
12. The weaknesses were:
    - I would have liked to have observed Toni Linder more with an assessment.
    - Not enough time for play based assessment practice and report writing - but wouldn't know what to delete in order to get this in.
    - The rooms were too cold sometimes which made it uncomfortable
    - Needed an initial "gathering IN" experience. Not just a get acquainted activity, but a motivational "we're a team" "explorers of new territory" "advocates for our children"...speaker. It would have been helpful to have all participants introduce themselves at beginning . We would have had a better understanding of where their ideas

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were coming form. We also would have clue as to which peer could give information we were interested in. We discovered these things on our own before the week was out. I'm not sure which is better. We briefly mentioned USM courses/degree for Early Intervention but no details were available. It would be helpful to know what training is available in Mississippi, in surrounding states, best in Nation… Wonderful Experience.

- Not as much guidance as needed in writing assessments
- Too much content from Toni and not enough time to cover it
- Needed more time to work with Dr. Linder
- cramped facilities
- Needed a longer training period
- It could have been more helpful if we would have had children to interact with the P.T.
- Too little time

13. Comments:
    - Only suggestion is to have Dr. Linder back for a full week and another week for the other speakers
    - I learned things that will be very useful to me. Please include me in other institutes of this kind.
    - I appreciate all the hard work that went behind planning this (especially from Connie and Stella)
    - Great conference. Thanks.
    - I really enjoyed the institute and will use what I have learned
    - This was great! Thanks for all your work.

Project Coach Outreach
Institute for Disability Studies
Summary of Participant Evaluation
Transdisicplinary Play-Based Assessment
June 11, 1997
Dr.Toni Linder

1 = poor
7 = excellent
N = 20

Question 1-7, 9-10	Question 8	Positive	Negative	General
1. 6.8	yes	educator as facilitator and role of parent	need more info on actual assessment	
2. 6.2	no	video presentations and discussions		
3. 9.0	yes	viewing Dr. Linder work with actual child	time constraints	wonderful
4. 9.0	yes	Abby's demonstration	more info. (I'm a novice in sped)	In regular ed. In my kindergarten I've been using these methods for a long time in order to get a complete picture of the child; your workshop validated what I do.
5. 6.56	yes	Applicable information	too many locations (facilities)	"I truly enjoyed the workshop. It sparked great ideas in my mind and I look forward…"
6. 6.78	yes	Abby's assessment and videos of assessments		Dr. Linder was well prepared and informed
7. 6.56	yes	Practical; good videos		"Very good. I wish Dr. Linder would have a workshop in Nevada at the annual Early Childhood Conference"
8. 6.22	no	Participation of different disciplines	Compressed schedule; time constraints	"Great workshop and training. Good facilities. I'm using a lot of the techniques already, but learned to look for additional information during assessments"
9. 6.78	yes			

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10. 7.00	yes	Dr. Linder and videos	time constraints; more explanation of evaluation	
11. 6.11	yes	Demonstration of assessment	compact nature of info	need additional hands-on assessment
12. 6.56	yes	knowledgeable presenter	"a lot of stuff"	"I hope we can learn to implement this soon"
13. 7.00	yes			
14. 6.22	yes	watching and asking Linder questions	time constraints	"This is great. I want to learn more and put it to practice
15. 6.11	no			
16. 6.33	no	demonstration	lectures	good assessment instrument
17. 5.71*	yes	presenters	overnight accommodations	too intensive; needs to be longer
18. 6.11	yes	observing Abby's assessment		
19. 6.00	yes	info given	time constraints; "Clinical timing should have been earlier in the day"	"Great learning experience - very comprehensive"
20. 7.00*				

* didn't answer questions 9 & 10

AVERAGES:

Questions 1-7, 9-10	Question 8
6.51	4 - no 15 - yes

1. Number of Participants (who completed forms): 20

BRIDGES - September 5 & 7, [illegible] [illegible]

	Opening	Module I	Module II Clay + Fair	Module III	Module IV	Module V	Amazing Brain	Creative Art
Content of Session	1- 0 2- 1 3- 6 4- 13 5- 45	1- 0 2- 1 3- 6 4- 13 5- 22	1- 0 2- 1 3- 5 4- 10 5- 23	1- 2 2- 0 3- 7 4- 12 5- 29	1- 1 2- 1 3- 8 4- 9 5- 23	1- 0 2- 0 3- 1 4- 4 5- 22	1-0 2- 0 3- 2 4- 3 5- 26	1- 3 2- 0 3- 1 4- 5 5- 23
Knowledge of Presenter(s)	1- 0 2- 0 3- 5 4- 10 5- 49	1- 0 2- 0 3- 3 4- 9 5- 28	1- 0 2- 0 3- 4 4- 9 5- 20	1- 1 2- 0 3- 2 4- 10 5- 34	1- 1 2- 0 3- 1 4- 10 5- 26	1- 0 2 - 0 3 - 1 4 - 4 5- 21	1- 0 2- 0 3- 1 4- 3 5- 24	1- 1 2- 0 3- 3 4- 5 5- 22
Format of Presentation	1- 0 2- 0 3- 5 4- 12 5- 46	1- 0 2- 1 3- 5 4- 10 5- 24	1- 0 2- 2 3- 6 4- 8 5- 19	1- 2 2- 1 3- 7 4- 9 5- 28	1- 1 2- 0 3- 8 4- 11 5- 19	1- 0 2- 0 3- 1 4- 5 5- 20	1- 0 2- 0 3- 1 4- 4 5- 23	1- 1 2- 0 3- 3 4- 5 5- 22
Organization	1- 0 2- 0 3- 8 4- 9 5- 47	1- 0 2- 1 3- 5 4- 11 5- 23	1- 0 2- 0 3- 5 4- 10 5- 21	1- 2 2- 0 3- 7 4- 8 5- 32	1- 1 2- 1 3- 5 4- 11 5- 21	1- 0 2- 0 3- 1 4- 6 5- 19	1- 0 2- 0 3- 1 4- 3 5- 24	1- 1 2- 0 3- 3 4- 4 5- 22
Handouts/ Audio Visual	1- 2 2- 0 3- 4 4- 11 5- 33	1- 1 2- 0 3- 7 4- 9 5- 21	1- 1 2- 2 3- 5 4- 8 5- 20	1- 0 2- 0 3- 3 4- 12 5- 28	1- 1 2- 0 3- 6 4- 9 5- 22	1- 0 2- 0 3- 1 4- 4 5- 21	1- 0 2- 1 3- 2 4- 8 5- 17	1- 4 2- 0 3- 3 4- 4 5- 18
Seating Arrangement	1- 1 2- 2 3- 6 4- 12 5- 43	1- 0 2- 0 3- 6 4- 9 5- 24	1-2 2- 3 3- 3 4- 7 5- 20	1- 1 2- 1 3- 4 4- 8 5- 32	1- 1 2- 0 3- 1 4- 13 5- 22	1- 0 2- 0 3- 1 4- 6 5- 19	1- 0 2- 0 3- 3 4- 8 5- 16	1- 2 2- 1 3- 2 4- 10 5- 15

1- poor
5 - excellent

N=39

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Infant and Toddler Assessment Institute
February 18 - 20, 1998
Eagle Ridge Conference Center
Raymond, MS
Connie Clay, Stella Fair, Deborah Callaway, Beth Woodcock, Toni Linder
n = 21

Questions	Average
1.The organization of the workshop was	6.4
2.The objectives of the workshop were	6.5
3.The work of the presenter(s) was	6.5
4.The schedule of the workshop was	6.1
5.The scope (coverage) was	6.2
6.Information in the handouts was	6.6
7.Overall, I consider this workshop	6.4
8.Do you feel a need for additional information about these topics?	Y=13 N=5
9.I now have a better understanding concerning the topics presented	6.2
10.I am now able to implement information presented in this workshop	5.9

The stronger features of this workshop were:

- the video
- presenter
- demonstration
- relaxed setting
- hands on learning
- well organized
- open, friendly atmosphere
- handouts
- high tech equipment
- play based assessment
- observation of children as a group
- observation of an assessment
- interaction between teams
- combination of theory and practice
- content
- structure
- material

The weaker features were:

- uncomfortable temperature
- started too early
- handouts should have been numbered
- too much information in a short time
- O.T., P.T. and S.P.L. could have skipped the first day
- participants didn't take information seriously
- problems with Eagle Ridge
- needed more time with children
- not knowing exactly what to do

General comments:

- enjoyed the workshop
- good job
- received critical training
- enjoyed building professional rapport with other teams
- I will immediately implement ideas and will educate my team members also
- very wisely and efficiently planned
- very informative and helpful
- excellent workshop
- great location
- Toni did a great job and timing was great for our team
- terrific conference
- great workshop
- do more advanced

Evaluation Summary
Infant/Toddler Assessment Institute
August 12-14, 1998

24 Participants
20 Evaluations

General:

(average score of scale from 1 to 7)
1. The organization of the workshop was: 6.45

2. The objectives of the workshop were: 6.8

3. The presenters were: 6.75

4. The schedule of the workshop was: 5.75

5. The scope (coverage was): 6.5

6. Information in the handouts was: 6.6

7. Overall, I consider this workshop: 6.3

8. Do you feel a need for additional information about this topic? Yes 13 No 7

More structured practice; needed more theory and review of book information; whatever is available; I would just like to hear from you; more indepth information on age level; after we've had a chance to do a couple of assessments, a brief follow-up would be nice; continued practice; video tape information; need follow-up in a couple of months after practicing.

9. I now have a better understanding concerning the topic presented in this workshop. 6.25

10. I now feel able to utilize information presented in this workshop. 5.85

The stronger features of the workshop were:

Good, well organized information; mixture of expertise; having Toni to direct the program; Toni was great!; the actual hands-on experience; being able to stay where the conference was held; the TPBA practice sessions, videotapes of the TBPA...good break times/lunch; all aspects of the conference were great! Great hospitality of presenters and hosts; getting to do the assessment; the opportunities for group discussion and the hands-on practice was very helpful.

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The weaker features were:

During the evaluation of client by presenter, no information about client was given prior to our observation. Having no information re age, etc. was very difficult. A better introduction of client/family would have been helpful; too much information in too little time; hard to understand what was coming next; understanding the report; the hours per day were a little too long; the conference hours ran a little long and late in the day.

General Comments:

Great people with great experience putting on the institute...needed more time to absorb all that is here with the team; the assessment is wonderful; there was not enough time to adequately feel prepared to carry out assessment and write reports. I would have felt more comfortable with more training before implementation; a very helpful and learner friendly conference; overall the conference was full of wonderful information; very helpful...saw one day demonstration two years ago and have been working to implement this...was wonderful to get immediate feedback and work in a group dedicated to play-based.

Brain Development: The Importance of the Early Years
December 2, 1998

Workshop Evaluation Results

1. The organization of the workshop was excellent . . . . 6.42$_{n=45}$

2. the objectives of the workshop were clearly evident . . . . 6.49$_{n=45}$

3. The presenters were excellent . . . . 6.58$_{n=45}$

4. The schedule of the workshop was excellent . . . . 6.53$_{n=45}$

5. The scope (coverage) was very adequate . . . . 6.22$_{n=45}$

6. Information in the handouts were very adequate . . . . 6.45$_{n=44}$

7. Overall, I consider this workshop excellent . . . . 6.36$_{n=44}$

Overall mean 6.45
(Items 1 through 6)

8. Do you feel a need for additional information about this topic? If yes, please explain.

Yes 41.5% No 58.5%

9. I now have a better understanding concerning the topic presented in this workshop . . . . 6.24$_{n=45}$

10. I definitely feel able to utilize information presented in this workshop . . . 6.32$_{n=44}$

The stronger features of the workshop were:

The presenters.

Initial speaker.

Panelists--good idea and information.

Workshop Evaluation
Recipes for Successful Early Intervention Services/IFSP
Jackson, MS
February 26, 1999

Presenters: Carolyn Bacon, Deborah Callaway, Shakira Cain, Margaret Harris
Total Respondents: 33

Questions	Scale: 7=High, 1=Low
1. Organization	5.7
2. Objectives	5.5
3. Presenters	5.7
4. Schedule	6.1
5. Coverage	5.25
6. Handouts	6.0
7. Overall quality	5.4
8. Need for more information	Yes=30, No=2
9. Level of understanding of topic	4.5
10. Ability to implement	4.25

Strengths: Information provided by parent was exceptional, finding out that the IFSP is still incomplete, morning information, parental insight, presentation by parent, ability to gather information for changes needed, being able to comment on each of the areas, meeting folks, group discussion, breakdown, collaboration, everyone realizing how confusing the IFSP process is, all, the presenters.

Weaknesses: Material and information redundant, IFSP role play, unorganized, changes in the IFSP, role plays: more instruction probably needed, more emphasis on asking parents for input, mock IFSP meetings, the role playing-it is obvious more instruction is needed, IFSP-who does what, someone to lead and take control to keep the group focused, IFSP role playing, getting off the subjects.

General Comments: The workshop was a good opportunity to network, service coordinators should have been involved in how the IFSP is being done and changes needed, thanks for all the hard work and lunch, good questions raised concerning IFSP, confusion on form by service coordinators, apparently more time is needed for discussion, I did not mark those which were not in my area of expertise, there needs to be comprehensive training, very enjoyable, follow-up on questions needs to be completed, good job-please revamp and do over and over again, this meeting should have been postponed until these loose ends were tied, I do not have a part in the IFSP but I was very grateful for the information, it does help to know how an IFSP is written.

SERVICE COORDINATOR CONFERENCE
MARCH 24-26, 1999

EVALUATION FORM RESULTS

	Total	Number	Average
Update of IDEA			
The quality of information was...	141	30	4.7
I need more information in this topic area	108	27	4
Facilitating the Use of Natural Environments			
To what extent was this speaker knowledgeable, organized and effective?	144	33	4.4
The quality of the information was.....	126	32	4
I need more information in this topic area	Yes--17	Maybe--12	No--1
Enhanced Tracking: Procedures and Roles			
To what extent was this speaker knowledgeable, organized and effective?	112	32	3.5
The quality of the information was...	95	30	3.2
I need more information in this topic area	Yes--20	Maybe--5	No--5
Active Vs. Tracking Cases			
To what extent was this speaker knowledgeable, organized and effective?	91	28	3.3
The quality of the information was...	84	27	3.1
I need more information in this topic area	Yes--12	Maybe--8	No--5

	Total	Number	Average
Concurrent Sessions			
The Basics of Technical Writing			
To what extent was the speaker knowledgeable, organized and effective?	50	12	4.2
The quality of the information was...	49	12	4.1
I need more information on this topic area.	Yes--11	Maybe--1	No--0
Family Stressor			
To what extent was the speaker knowledgeable, organized and effective?	42	10	4.2
The quality of the information was...	40	10	4
I need more information on this topic area.	Yes--4	Maybe--2	No--4
Genetics			
To what extent was the speaker knowledgeable, organized and effective?	56	12	4.7
The quality of the information was...	65	14	4.6
I need more information on this topic area.	Yes--7	Maybe--0	No--5

General Comments

--The hotel was terrible
--Information on Champus was not pertinent to all districts
--Roy Hart provides a great deal of support--We Appreciate Him

--Dist 3--DC needs to conduct herself more professionally

--The hotel accommodations were poor

--Please try to use better meeting facilities next time

--Info. on Champus was not relevant to me at all.
--The accommodations were poor.
--When I direct a question to a person, I don't appreciate someone else answering the question.

--Need parent participation in training to give parent insight.

--Hotel accommodations deplorable

--The hotel accommodation was very poor for the amount that was paid.
--Recommends a luxury hotel for a conference..suggestions: Beau Rivage, President

--I enjoyed it!

--Hotel rooms were very poor

--I didn't attend family stressors and genetics

--INCONSISTENCY!!! in order to expedite program respectability, consistent service delivery needs to be accomplished.
--Need a formalized audit system for state to mandate accountability.

--Active vs. Tracking was a joke. Presenters were not professional

Evaluation Data Summary

Presenter(s): David Lindeman, Juliann Woods Cripe, & Derek Jones
Date: April 7, 1999
Place: Jackson, MS
Title: FACETS Overview
Number Returned: 23

Place of Employment:

Special Education Cooperative	9%
LEA/Public or Private School	47%
Other	31%
No Response	13%

Position:

Speech/Language Pathologist	13%
Nurse	2%
Program Director	4%
Occupational Therapist	2%
Physical Therapist	17%
Teacher	17%
Other	34%
No Response	11%

Questions:

1. The presenter appeared:	mean of 5.5
2. The presenter's speaking style was:	mean of 5.0
3. The material presented was:	mean of 5.5
4. The objectives of the training were:	mean of 5.5
5. The stated objectives were:	mean of 5.3
6. The scope (coverage), given the time was:	mean of 5.1
7. The ideas and activities were:	mean of 5.0
8. The audio/visuals used were:	mean of 5.4
9. During this training sessions I gained:	mean of 5.0
10. I expect to be able to use the information in my job:	mean of 5.1
11. Overall, I consider this training session:	mean of 5.2
12. Did you (or will you be able to) achieve the outcom(s) that you identified?	Yes-64% No-2% No response-34%
13. How would you rate the effectiveness of the workshop in helping you accomplish the identified outcomes:	mean of 5.1
14. Do you anticipate the need for additional training in this area at some future time?	Yes-51% No-17% No response-32%
15. By the same speaker(s)	Yes-49% No-6% No response-45%

In order to rate the presentation, each participant was provided a rating scale for each item from #1 (low) to #6 (high). The overall effectiveness was rated high (rating of 6 on the scale) by 40% of the respondants.

Evaluation Data Summary

Presenter(s): David Lindeman, Juliann Woods Cripe, & Derek Jones
Date: April 8, 1999
Place: Jackson, MS
Title: Family-guided Routines Based Intervention
Number Returned: 21

Place of Employment:

Special Education Cooperative	10%
LEA/Public or Private School	52%
Other	14%
No Response	24%

Position:

Speech/Language Pathologist	14%
Nurse	5%
Program Director	5%
Physical Therapist	19%
Teacher	14%
Other	29%
No Response	3%

Questions:

1. The presenter appeared:	mean of 5.7
2. The presenter's speaking style was:	mean of 5.5
3. The material presented was:	mean of 5.5
4. The objectives of the training were:	mean of 5.5
5. The stated objectives were:	mean of 5.6
6. The scope (coverage), given the time was:	mean of 5.4
7. The ideas and activities were:	mean of 5.3
8. The audio/visuals used were:	mean of 5.5
9. During this training sessions I gained:	mean of 5.1
10. I expect to be able to use the information in my job:	mean of 5.3
11. Overall, I consider this training session:	mean of 5.4
12. Did you (or will you be able to) achieve the outcom(s) that you identified?	Yes-67% No-0% No response-33%
13. How would you rate the effectiveness of the workshop in helping you accomplish the identified outcomes:	mean of 5.2
14. Do you anticipate the need for additional training in this area at some future time?	Yes-48% No-14% No response-38%
15. By the same speaker(s)	Yes-48% No-0% No response-52%

In order to rate the presentation, each participant was provided a rating scale for each item from #1 (low) to #6 (high). The overall effectiveness was rated high (rating of 6 on the scale by 57% of the respondants.

Evaluation Data Summary

Presenter(s): David Lindeman, Juliann Woods Cripe, & Derek Jones
Date: April 9, 1999
Place: Jackson, MS
Title: Problem Solving with Families
Number Returned: 24

Place of Employment:

No Response	100%

Position:

Coordinator	4%
Speech/Language Pathologist	13%
Nurse	4%
Physical Therapist	17%
Teacher	17%
Other	29%
No Response	17%

Questions:

1. The presenter appeared: mean of 5.7
2. The presenter's speaking style was: mean of 5.5
3. The material presented was: mean of 5.5
4. The objectives of the training were: mean of 5.6
5. The stated objectives were: mean of 5.5
6. The scope (coverage), given the time was: mean of 5.4
7. The ideas and activities were: mean of 5.4
8. The audio/visuals used were: mean of 5.5
9. During this training sessions I gained: mean of 5.4
10. I expect to be able to use the information in my job: mean of 5.4
11. Overall, I consider this training session: mean of 5.5
12. Did you (or will you be able to) achieve the outcom(s) that you identified? Yes-54% No-0% No response-46%
13. How would you rate the effectiveness of the workshop in helping you accomplish the identified outcomes: mean of 5.2
14. Do you anticipate the need for additional training in this area at some future time? Yes-46% No-13% No response-42%
15. By the same speaker(s) Yes-58% No-0% No response-42%

In order to rate the presentation, each participant was provided a rating scale for each item from #1 (low) to #6 (high). The overall effectiveness was rated high (rating of 6 on the scale by 63% of the respondants.

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Workshop Evaluation
"It's All About Routines!"
Helping Your Child Learn
Willowood Developmental Center
May 1, 1999

Presenters: Valerie Beard, Zandra Hunter, and Charlotte Reddix
Total Respondents: 8

1. Was the training today helpful for you?	Yes = 8	No = 0
2. Do you need more information on routines?	Yes = 1	No = 7
3. Was Saturday a good day for training?	Yes = 8	No = 7
4. Were your transportation needs met?	Yes = 7	No = 1
5. Would you attend another parent training?	Yes = 8	No = 0

6. What would you like to have information on?

Discipline
Getting my child to take medicine
Dental care

7. How could we improve today's training session?

Nothing that I know of
I thought it went very well like it was done today
I really did enjoy myself

Workshop Evaluation

Imagine: Knowing Where to Turn for Help

OCY Annual Child Care Conference
Jackson, MS
June 26 1999

Presenters: Connie Clay and Gay Logan
Total Respondents: 36

Questions:	Scale: 7 = High, 1 = Low
1. The organization of the session was:	6.1
2. The work of the presenter(s) was:	6.2
3. Information in the handouts was:	6.4

Strengths: Presenters and material, presenters were well informed, Connie and Gay took time to explain details on each issue presented, knowing where to go to get help and to pass this information on to parents, First Steps and how to use it for children age 0 to 3, letting caregivers know where they can get assistance for children, information on inclusion, services that can help, the handouts, helpful information, everything, the speakers were excellent, willingness to follow up on things or information needed, very informative, presenter participation, everything.

Weaknesses: None, local areas for determination, watching a tape, class participation, answering out direct questions, getting numbers for four year olds or older children.

Suggestions I have for improving this session are: Continue with the good work, call me I'll be glad to help with inservice (Dyrene Owens - Kids Connection - Gulfport), need to offer more training and not limit it to directors but to parents as well, more visual aids, nothing, keep up the good work, more activity for class participation, more time, learn more about the system after First Steps, more information for caregivers to provide to parents, everything is going so great I have no suggestions.

Workshop Evaluation

Family Centered Early Intervention Services

Starkville, MS
July 8, 1999

Presenters: Connie Clay, Kathy Pounds, Dora Willis
Total Respondents: 8

Questions:	Scale: 7 = High, 1 = Low
1. Organization	6.6
2. Objectives	6.7
3. Presenters	6.6
4. Schedule	6.1
5. Coverage	6.1
6. Handouts	6.9
7. Overall quality	6.6
8. Need for more information	Yes = 6, No = 2
9. Level of understanding of topic	6.5
10. Ability to implement	6.3

Strengths: Handouts, Kathy Pounds/as a service coordinator and a parent, the information on the reauthorization of IDEA, intervention, parent input and involvement, the materials, wonderful handouts for future reference, the presentation by Shawn and Jason's mother.

Weaknesses: Time limitations, had to rush through, not enough time.

General Comments: Example of "perfect" IFSP would be nice, this has been the very best workshop yet! Thanks, liked the name tags also.

Workshop Evaluation
SpecialCare
Tupelo, MS
February 6, 1999

Presenters: Jan Brownlee and Connie Clay
Total Respondents: 26

Questions	Scale: 7=High, 1=Low
1. Organization	6.7
2. Objectives	6.9
3. Presenters	6.7
4. Schedule	6.4
5. Coverage	6.6
6. Handouts	6.7
7. Overall quality	6.7
8. Need for more information	Yes=4, No=22
9. Level of understanding of topic	6.7
10. Ability to implement	6.6

Strengths: Speakers, experiencing disabilities, great, real positive, eager to help, topics about early intervention, getting to know children with disabilities, community services, I liked the way the workshop was presented, the whole workshop was amazing, information to take with you for referencing later, parents with children coming in, how disabled children can be involved with group activities and day care, better understanding of children with disabilities, everything was wonderful, the handouts and speakers were all strong features of the workshop, the information was great, everything was very well planned and carried out.

Weaknesses: Lasted longer than I'm comfortable sitting, some language unfamiliar to child care providers (cognitive), there were no weak features, all features were great, there was not one.

General Comments: The building used was very well chosen, overall the entire program was explained in depth, too cold in classroom, enjoyed workshop, very well done, good information, you both were wonderful and very inspirational, very informative, speakers were really good and well informed, great workshop, very satisfied and enjoyed all phases of workshop, good job, I feel you did an excellent job, thank you I have learned a lot, I really enjoyed this workshop, it opened my eyes to a whole new understanding of children with special needs, I really enjoyed the parents' and children's involvement in the workshop.

Workshop Evaluation Summary
Infant/Toddler Assessment Institute
November 18-19, 1999

These questions were rated on a scale of 7 to 1 with 7 being excellent and 1 poor.

1.	The organization of the institute was:	6.5
2.	The objectives of the institute were:	6.3
3.	The presenters were:	6.6
4.	The schedule of the institute was:	6.0
5.	The scope (coverage) was:	6.3
6.	Information in the handouts was:	6.7
7.	Overall, I consider this institute:	6.5

8. Do you feel a need for additional information about this topic?
Yes 5 No 4

If yes, please explain:

Personally, I need to research the instruments and disciplines before I will feel comfortable.
Information on other play based assessment protocols if available.

9. I now have a better understanding concerning the topic presented. 6.2

10. I now feel able to utilize information presented in this institute. 6.5

The stronger features of the institute were:

Providing real life experiences with testing.
Watching an assessment and being critiqued after completing one.
Dreamcatcher team to model from.
Hands on experience.
The presenters.
Knowledge and confidence base of presenters and facilitators.
Hands on practice.

The weaker features were:

Needed more report writing information.
Starting so early in the morning of the individual assessment...9:00 would be better.
More ideas for intervention.
I thought we'd get report writing practice.

General Comments:

Good comments, good presenters with knowledge and work experience
Good seminar.
Very informative.
I enjoyed the institute. Accommodations were fine. I found it to be very helpful.
Excellent workshop.

D: Impact Summary Reports

Announcing

Training/Technical Assistance Opportunities

for Early Intervention Professionals
with the

Dreamcatchers Team

Team Opportunities

☐ Observe play based arena assessment
Meet with team to discuss observed practices
Observe an IFSP meeting

Individual Opportunities

☐ Participate in a play based assessment
Make a home visit with a team member
Participate in integrated report writing

On site training/technical assistance
is also available for teams and individuals.

Team activities must be scheduled on **Mondays** and **Wednesdays**
Individual activities must be scheduled on **Tuesdays** and **Thursdays**

Please complete the attached form to schedule your visit!!!!

Mentoring Impact as reported by Model Teams

Description of mentoring: Mentoring was voluntary by all parties. The time spent varied from occasional contact to weekly for several months and was usually intense at first and slowly tapered off. The focus was on self-identified needs relative to transdisciplinary teaming and play-based approaches and the use of natural environments.

Helpful activities: The participants reported that the sharing of forms and materials and the discussion of issues and process for resolving problems as a team were very important. Also important were observing good team practices in action and how things are coordinated. It was important for the experience to be planned and to feel safe as a learner. They found it helpful to be able to discuss specific issues with a colleague and to have them model unfamiliar or new skills and be able to practice with support.

Outcomes reported by participants: Increased team efficiency, better understanding of how the team process works and what "team" really means. Some located many new resources, both people and otherwise. They reported that many questions were answered, they felt they had a fuller knowledge of how things really work, and found complex learning to be rapid and efficient

Comments about mentoring:

* Must have willing proteges who want to be mentored
* Really believe in this approach ; very helpful; good way to start
* Like being told what to look for, then watch, then ask questions
* Initial anxiety is common, don't require too much too soon. Need to explain a lot.
* Helps to have a mentor with them while they observe the team a few times before they practice
* Observation and practice are the only way to learn these (assessment and intervention) skills!

Interest in being a mentor: 100%

Transdisciplinary Teaming (Trans/Team)

Scale 1-5

Overall workshop effectiveness 4.7 - 5.0

Overall impact on change 4.2 - 4. 8

Categories of change reported by participants :

- personal communication with team members and family
- building relationships
- planning as a team (pre and post-assessment. action planning)
- using better group facilitation techniques

SURVEY OF WILLOWOOD INFANT/TODDLER SERVICES

April, 1998

The following questionnaire was mailed to families being served by the Dreamcatcher's Team. Families were asked to provide their honest answers to the following.

Check one box

n=14	Strongly Agree	Agree	Unsure	Disagree	Strongly Disagree

1. Assessment

Staff involved me in planning for the assessment	7	7			
Staff were well prepared and organized	7	7			
The setting was relaxed and friendly	8	6			
The staff answered my questions	6	8			
The staff were skillful and knowledgeable	10	4			
The testing information helped me	8	3	2	1	
I would use this service again if needed	11	3			

2. Individualized Family Service Plan (IFSP)

The plan: n=14

Includes my concerns & priorities for my child & family	9	5			
Is practical and useful	9	4	1		
Is easy for me to understand	10	3	1		
Includes me as much as I would like	10	4			
Helps us work as a team to help my child	12	2			

3. Intervention Services provided at home

n=14

Are flexible and considerate of family needs	9	5			
Are making a positive difference for my child	10	4			
Are carried out in a skillful way	9	5			
Allow me to participate at a level I want	9	5			
Have helped me better help my child	9	4	1		

Project Coach Outreach, 5/98

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4. The interventionist that comes to my home: n=14

	Strongly Agree	Agree	Unsure	Disagree	Strongly Disagree
Is knowledgeable	7	7			
Understands my child	8	6			
Has good ideas about how to help my child	8	6			
Explains what she is doing and why	8	6			
Shows me how to do new things	7	6	1		
Helps me find easy ways to work with my child	9	4	1		

5. How would you rate your child's interventionist? n=14

Excellent	Good	Fair	Below Average	Poor
7	6	1		

6. The therapist (OT, PT, SLP, SI) that comes to my home: n=14

	Strongly Agree	Agree	Unsure	Disagree	Strongly Disagree
Is knowledgeable	9	5			
Understands my child	5	9			
Has good ideas about how to help my child	10	4			
Explains what she is doing and why	8	6			
Shows me & the interventionist how to do new things	7	7			
Helps me find easy ways to work with my child	7	7			

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7. As a result of intervention, would you say your child has done: (Circle one)
n=12

	physical abilities	thinking skills	speech/language	social	self-help	overall
not as well as I expected	2	3	2	1	1	
about as well as I expected	8	5	7	8	8	8
better than I expected	2	4	3	3	3	4

8. Where do you prefer for your child to receive services? Example: home, clinic, child care center, school, other?

Home	Child Care	Clinic	School	Comb/Other
10	1	1	0	2

9. How long has your child been receiving services?

>12 months	9-12 months	7-8 months	5-6 months	<5 months
1	6	2	3	2

10. What in your opinion makes a good interventionist?
(N=15)

Good relationship with child; understands and communicates well	Professional knowledge & skills	Open to and seeks out learning	Motivated, dedicated & unselfish	Respect for others, understands and communicates well with family
6	4	1	3	2

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11. Please finish the following sentences:

a. If I could have everything I wanted for my child in the way of services, I would ask for.....

- nothing because he is receiving all that I requested (3)
- more therapy
- I want to get my child everything he needs, but I can't
- anything and everything that is available to us if it will help her in the areas she needs help
- help with physical abilities, speech, social skills and self help
- transportation (2)
- PT on home visits
- an interventionist 16 hours a day
- an OT that would actually come in and work with my child for 45 minutes to an hour two times a week. A speech therapist 2 times a week for 30 minutes

b. If I could change one thing about the services my child receives now, it would be.....

- nothing (3)
- nothing because I feel and think that my child is making progress
- not to change anything. I am very pleased with the services
- better because he will know more than what he knows now
- more often than she receives them now and possibly more progressive
- longer time periods
- helping child dress in clothes
- nothing I think Willowood is the best thing that could have ever happened to us.
- I wish they could spend longer hours with him
- a better intervention program that would help parents with children with speech delay
- a speech therapist to provide more information to help my child

c. In comparison with other services I have received for my child, these services are.....

- hasn't had any other services (3)
- excellent
- helpful and has been beneficial for my child
- wonderful
- better
- okay
- we are always updated on everything.
- nice and caring
- the best and most convenient
- about the same: very helpful and appreciated

Summary of Child Care Observation Guide Surveys

Questions	I	II	III	IV	V	VI	VII	VIII	IX
	Health Districts								
1. How many copies of the Child Care Observations Guide have you distributed?		75		80	160		231	62	
2. How many copies of the guide have you distributed to parents?		24		45	111		68	38	
3. How many copies of the guide have you distributed to service providers?		0		5	27		0	7	
4. How many copies of the guide have you distributed to child care providers?		51		30	22		161	17	
5. Others? Please specify. Family child care homes							2		
6. Have you provided any training in the use of the guide? Yes							2		
7. If yes, how many times and to whom? Two times with child care providers									
8. If no, have you had any interest in training from the recipients? Discussed with teen parents to assist with an appropriate child care setting, explained to providers that there are experts who can train them better.							2		

9. Parent comments: Interesting good information guide would have been helpful with other children. The parents were happy to see the guides. They appreciate the information so they know what to look for in child care providers. Thankful to find out more about child care. Like it - helped to know what to look for. They liked it -no negative comments. Very excited that they are available. Parents loved it and were thrilled to have it.

10. Service provider comments: Head Start was impressed and really planned to use and develop for parents. They were interested in the guide.

11. Child care provider comments: Wanted these to distribute to parents. They were glad to receive them. Thought it was good for parents to have in order to do comparison. Positive.

12. Additional comments: I intend to distribute more of these in the future. I thought the booklet was excellent and a valuable tool for parents. The parents, service providers, and child care providers commented that the guides are very appropriate, useful, helpful, and appreciated. These guides need to be distributed to more parents. Need more copies. Initial reviews have been very promising.

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IMPACT ON ATTITUDES & PRACTICES
SUMMARY REPORT
July, 1997

of the

INFANT/TODDLER ASSESSMENT INSTITUTE
June 9-13, 1997
Institute for Disability Studies
University of Southern Mississippi

Description:

The Infant/Toddler Assessment Institute held on the campus of the University of Southern Mississippi provided five days of intensive didactic and practicum training for 22 early intervention providers in the state of Mississippi. As part of the experience, the participants were asked to respond to a series of reflective questions regarding their current practices, the impact they anticipated the training would have, the changes they wished to make, the barriers they faced, and the additional training and support that they would like. Overall evaluations of the institute were made using a traditional likert scale and are reported elsewhere. All ratings were excellent, and all participants requested additional professional growth opportunities. The following is a summary of the results of the participants' responses to the questionnaire.

As an early intervention professional, what single new idea or concept you learned stands out most?

The most frequently mentioned idea was Transdisciplinary Play-Based Assessment and the quality of the information that could be obtained using this process to integrate domains and look at learning, movement, language, and so forth rather than the aquisition of discrete skills. Other specific concepts mentioned included:

Neonatal assessment
Multiple uses of one assessment (many domains assessed with one activity)
Assessing learning styles of both child and family (interactions)
Observing the child and family in interactions
Talking with the family about furthering the developmental process vs. what child is not doing
Writing a (transdisciplinary) team assessment report
Using video of assessment to review with the parents

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Discuss your current assessment practices and compare them with what was presented.

Most participants reported using traditional, structured assessment measures in a multidisciplinary, segmented way. Very few reported using naturalistic, play-based types of methods to observe the child. Few were successfully integrating results and observations as a team. Those using play for assessment were not using it with the depth of observation or the integration of information across domains that was presented.

Which practices do you feel most ready to implement?

Most participants reported feeling ready to use a team play-based assessment process. Some specifically stated the role they felt most ready to fulfill, such as the play facilitator or parent facilitator. Some reported being ready to assess as a team, but did not go so far as to feel they were ready to do play-based assessments. One person felt they were more ready to assess in a natural context than before. And one person reported being ready for a higher level of involvement of the family in the assessment activities.

What changes or actions do you intend to take first?

All participants expressed some desire to include a play-based approach in some form in their future assessments. They have plans for sharing what they learned with others, recruiting a team, getting others to buy in, networking, using video, getting feedback from others, setting up a play-assessment environment.

Which changes will be most difficult? Why?

The transition to something new, i.e. moving to a team model, was perceived as the most difficult change, because of the logistics involved, time, money, personnel shortages, and coordination with the service coordinators. Assessing in homes and including parents in the development of the report were reported by a few as a difficult change to make, again for logistical reasons.

Changing the values and attitudes of others toward play assessment and team assessment was the second most frequently reported difficult change to make. This included getting others to change their willingness to accept reports based on this type of an assessment.

Implementing the practices of conducting an assessment without a structured tool to follow, getting all the needed materials, and then integrating the information into a report were reported as difficult changes by a few people.

In your own situation, what do you see as the barriers to the recommended assessment practices that were presented?

The majority of respondents were of the opinion that finding team members and being able to arrange time and overcome distances in order for them to function as a team were the greatest barriers. One person pointed out that the real barrier to this was administrative support, because, if that were present, then the resources would be there to bring a team together.

The second most frequently mentioned barrier was a combination of practice and policy that dictates traditional assessment processes.. "The way we've always done it" is viewed by many as a policy barrier. That is, many people believe it is required by all agencies that standardized, norm-referenced tests be used, when perhaps it is not. In the same vein, negative attitudes toward "play" and criterion-referenced testing were viewed as barriers.

Finally, a few people mentioned overcoming turfism, getting others to release roles, and obtaining consistent support from the service coordinators as their most difficult barriers.

If you were in charge, how would you change the early intervention system?

A broad range of advice was given by the participants. Specific comments follow:

Competitive salaries to attract PT, OT, and SLPs.
More local programs/places for children with disabilities
Services closer to families, less traveling for families
More emphasis on parent teaching and incorporating intervention into routines
Change how assessments are being done and train all providers in recommended practices
Everyone trained and doing TPBA
Include at-risk in Infant/Toddler services
More coordination, regular meetings of personnel in the district
Increased support for parents,...education, networking,
Screen providers more carefully
A more coordinated system across agencies
Education of policy makers with the result being policies that are coherent and sound
Improve personnel preparation nationally
More attention to family assessment
More Inservice training for service providers and the development of a common knowledge base
One agency responsible for 0-5
An established and coordinated team system in every district

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What additional training and support would be helpful to you?

The majority of the requests for training were for additional information and hands-on training in good assessment practices, especially transdisciplinary play-based assessment. One person suggested that this be bi-monthly or quarterly. Another request was for specific training in family assessment (3). Participants asked that this training be expanded to their colleagues. They also asked for more exposure to the methods and knowledge of disciplines such as Physical Therapy and Speech/ Language Pathology (4). They asked for more hands on training in positioning and handling (3) Two people asked for additional training in writing goals and objectives and interpreting results. Several requested training in intervention practices (6), and one person suggested Transdisciplinary Play Based Intervention as a follow-up workshop. A specific request was made for working with children with autism and children prenatally exposed to drugs. There were two requests for training in child development and developmentally appropriate practices.

Finally, a newsletter was suggested as a way of keeping everyone linked and informed. A few people asked for specific resources such as journal subscriptions for everyone and a lending library of toys and teacher made materials to be left with the family.

IMPACT ON ATTITUDES & PRACTICES
SUMMARY REPORT
February, 1998

of the

INFANT/TODDLER ASSESSMENT INSTITUTE
February 18 - 20, 1998
Institute for Disability Studies
University of Southern Mississippi

Description:

The Infant/Toddler Assessment Institute held at Eagle Ridge Conference Center provided two and one half days of intensive didactic and practicum training for University and Public School Early Intervention Assessment Teams. As part of this experience, the participants were asked to respond to a series of reflective questions regarding their current practices, the impact they anticipated the training would have, the changes they wished to make, the barriers they faced, and the additional training and support they would like. Overall evaluations of the institute were made using a traditional likert scale and are reported elsewhere. All ratings were excellent, and all participants requested additional professional growth opportunities. The following is a summary of the results of the participants' responses to the questionnaire.

As an early intervention professional, what single new idea or concept that you learned stands out most?

The most frequently given answer was transdisciplinary play-based assessment and the improved quality of information that could be obtained from the process. Other specific concepts mentioned were:

The importance of probing and facilitating optimal performance versus traditional p/f testing
The importance of video taping
The value of giving children wait time to respond
The idea of cross training across disciplines
The importance of the stages of play

Please describe your assessment practices for infants and toddlers prior to the Assessment Institute, and describe the similarities and differences your practice have with transdisciplinary play-based assessment.

Most participants report using a standardized, structured assessment. Several reported using a play based model and feeling they are well grounded in this method.

Which practices do you feel you are most ready to implement?

All participants seem ready to use play-based assessment or in some cases to continue to use it. Some are ready to take ideas from the institute and incorporate them into their own team situation. Some reported feeling more comfortable with facilitating play and reporting information. One participant felt more at ease in equipping a room with toys.

Do you plan to make any changes or take any actions based on what you learned? If so, what?

Most participants indicated they will be using play-based assessment for evaluations. Several mentioned beginning to use the pre-assessment information with parents. At least one team plans to engage in more transdisciplinary practices of teaching and learning.

In your own situation, what do you see as the barriers to best practices in assessment?

Many participants mentioned time as a barrier to report writing and processing information. Other concerns mentioned were lack of experience with facilitating play, having to do two types of assessments for Part H & B, lack of service providers and limited time with them, lack of time to adequately staff, and professionals who are resistant to release their expertise.

What additional support and training would be helpful to you?

The majority of the requests were for additional training from Toni Linder. Several requested training videos with summary of findings. Several participants felt they needed time to digest what they had learned before trying to determine what their training needs are. One participant felt additional hands-on activities were needed. Another participant requested training in integrated report writing.

Infant/Toddler Assessment Institute Survey Summary
August 12-14, 1998

24 participants
14 surveys

1. As an early intervention professional, what singe new idea or concept that you learned stands out most?

Child facilitation and looking through another professionals eyes; less questions as a child facilitator; "bumping up"; interdisciplinary, wait-time, "bumping up" and team interaction; team building...working together as a unit ...sharing information; the team approach with video review to collect information; that assessment can be fun; I learned to read the child's movements; ask fewer questions; don't ask too many questions; I've learned several...none stand out above the others; to ask parents what they want from the assessment; the workshop provided a structure or system for me in terms of how to assess children with play activities, but to still be organized in behaviors or skills that I need to be looking for. Also, how to better set up the assessment to elicit behaviors.

2. Please describe your assessment practices for infants and toddlers prior to the Assessment Institute, and describe the similarities and differences your practices have with transdisciplinary play-based assessment.

I use a modified play interaction to complete the DP II and Vineland; similar practices that integrate standardized testing for SDE purposes; different protocol...same play-based activities; the assessment practices for infants and toddlers prior to the institute is very similar. We use play-based...the difference from what I can see are the assessment tools we use...DP II and IDA; team uses combination of play-based and standardized test; similar to this with a different format; our assessment uses DP II with therapists completing HELP in next following session; I sat down and had to fill out a checklist on the child; this assessment is similar to my team play-based assessment; using some aspects of play-based but while using BDI and DP II; multi-disciplinary play-based assessment; they have been similar; use a lot of play-based team assessments and transfer information to standard protocol; my children are assessed at NMRC. There is not a speech therapist there, so I usually have a communication assessment on my first visit with the child...this has usually been primarily an informant based test with the parent, with some play activities.

3. Which practices do you feel you are most ready to implement?

Expanded play; language and cognitive areas of observation; already practicing the transdisciplinary assessment; staying on the child's level...discussing observations; I'm ready to try all of them; questioning techniques; the actual assessment...I do not feel as comfortable making the report; the networking at the end; making children feel more comfortable; reports.

4. Do you plan to make any changes or take any actions based on what you learned? If so, what?

Yes, I plan to include more gross and fine motor activities; yes, more detail in report findings; yes, better facilitation according to what I've learned; stop asking so many questions...take opportunities to "bump up"; yes, teaming; adjust interactions with child to allow more spontaneous feedback; yes, I would like to use this as my assessment; no; yes, less use of current test and more development; pulling the team together; put less structure or formality in the evaluations; implement more and more; yes, I would like to begin to tape my assessments, not only to help in observing and assessing the child, but also to provide feedback for myself on my techniques and to use with the parents.

5. In your own situation, what do you see as the barriers to best practices in assessment?

Perceived practices that are entrenched in the system and the time consuming nature of the assessment to report-writing; state regulations and time barriers; none; time; time; time; not having all disciplines at the assessment; lack of professional involvement in most cases evaluation occurs with parent, one other professional and myself; time; settings of assessment...lack of information on child before assessment; time to change and learn to do things differently and reverse type of reports; limited time.

6. What additional support and training would be helpful to you?

Continued observation and practice; further training in interventions and practices of other E & I teams; joining others on our team for practice and dialogue; more of the same; practice sessions; more of the same...practice; will need to try and implement what I have learned before I know what else I need; intervention practices and way to involve lower functioning parents in therapy.

Infant/Toddler Assessment Institute Survey Summary
November 18-19, 1999

1. *As an early intervention professional, what single new idea or concept that you learned stands out?*

Play based assessment gives a better picture of the child.
I learned why TPBA is so much better than structured assessments. I now see and understand how it can work effectively.
Just the whole concept of play based assessment.
Play based is much more advantages than standard testing.
Arena assessment.
The arena assessment was wonderful. However, we have limited personnel and attempt this as best we can.
The importance of including the mother in the assessment.
IDA application.

2. *Please describe your assessment practices for infants and toddlers prior to the Assessment Institute, and describe the similarities and differences your practices have with transdisciplinary play-based assessment.*

Primary multi-disciplinary...we do try to make it family friendly.
We have been using structured assessments in a mostly structured environment. A multi-disciplinary approach has been used mostly but I have completed joint evals with an SLP regularly. The "play" component has not driven our assessments.
Has been mostly more clinical...not transdisciplinary.
Clap...lap.
Very similar in the play based assessment. More overlapping of roles because of the assessment team member numbers.
Our assessment practice involves an observer, facilitator, parent interviewer and camera operator. Differences included fewer assessors in fewer professions. Overall, we have same outcome..with more crossover roles in our practice.
We were doing basically the same thing. We do not include the parent in the testing. Also, the other assessment team members are more visible than in our assessments.
Differences due to medical model and multidisciplinary not transdisciplinary.

3. *Which practices do you feel you are most ready to implement?*

Play based assessments.
Getting away from structure and using a play based approach.
Try to ease into using play based assessment. Want to use it all the time!
Would like to have the "arena" setting.
Arena assessment.
I feel more prepared to involve the parent more on the evaluation process.
Play based assessment observation.

4. *Do you plan to make any changes or take any actions based on what you learned? If so, what?*

Learn to implement play based assessing.
Yes...use play based as much as possible.
Yes...as much as "they" will allow.
Yes, more patient involvment.
We will probably continue most of our assessment practices.
Yes, I hope to take back a new attitude about the testing. Encourage the whole team to come in closer rather than staying away so far in the room.
Yes...implement play based assessment.

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5. *In your own situation, what do you see as the barriers to best practices in assessment?*

Specific requirements we as a program are governed by.
Getting all professionals to want to do this. Teaching/trusting others will be a challenge.
Scheduling with other professionals to do transdisciplinary assessment.
A lot of our people are part time so getting them together at the same time is difficult.
Not as many team members available.
Parent participation is a hindrance at times.
I see the hesitation of parents to participate in assessment as a real problem.
Need for professionals from various disciplines.

6. *What additional support and training would be helpful to you?*

Goal writing and implementation.
More practice.
Maybe training for our whole program.
I will buy Linder's book and use it as a Bible.
More readings for intervention practices in the home or daycare centers.
Intervention ideas.
More info on how small children develop.
Both needed on this topic to professionals.

Project Coach Outreach
Early Intervention Administrators' Survey Results
April, 1998

Sample: Focus group (n=11), Survey responses (n=7)

Vision for the program

Focus group:

The focus group expressed a vision for adequate, readily available services that are easy to access for all; and a system that is comprehensive, seamless, and fully integrated. The system would also be well known by the public and professionals and would have a reputation for positive results. The group hoped that MS would expand options for families through better trained providers and especially opportunities in child care centers. Finally, the wish was expressed that MS would soon move out of system building and into monitoring quality as a part of the Health Department's total service package. .

Ratings of changes in MS Part H program from 1996 to 1998.

Survey results:

much worse	worse	about the same	better	much better
0	0	1	3	3

Focus group rating : "Much Better"

Areas of most positive change:

Survey responses:

- Service availability (3)
- Relationship with Dept. of Mental Health (EIP) (3)
- Public awareness (2)
- Training quality (2) and district specific training

- Service coordinators are better trained and working the system better (2)
- Written core knowledge and competencies for service coordinators
- Family empowerment
- (Improved) partnerships
- Dialogue with PHRM
- Some districts (coordinators) have taken ownership responsibility for implementation
- Hearing screening project and legislation
- Therapy fees raised
- University assessment team

Focus group responses:

The focus group cited the completion of the document on service coordinator competencies and the improvement in the skills of the service coordinators. They commented on the many success stories for children, increased ease of obtaining services, and the reduced number of turf battles in the system. Pediatricians are making more referrals and there is more interest in the program. Overall, they felt that services and availability were much better.

Areas of least positive change

Survey responses:

- Dept of Education, local schools (3), LEA evaluation and assessment (1)
- Staff salaries
- Availability of qualified providers
- Transition (to preschool)
- Physician education
- We need video or computer based training modules
- Understanding of what service coordinators do and what EI can do
- An assessment team(s) in north Mississippi

Focus group responses

The group spoke strongly about the difficulty within the agency for an educational program to be recognized and integrated into the system, and about the problems created by trying to force an educational program into a medical model. There was a sentiment of not feeling fully included or accepted into the agency. The group also expressed consensus that, in general, the Department of Education (and local schools) did not want to see (assess) children under three.

How has training and technical assistance made a difference or played a role?

Improved quality or availability of services (yes=7)

Examples of activities and comments

(Helped the development of) university and school teams

(Helped the system) learn to empower families more

Has helped with the biggest fires, now need to systematize state-wide training

Skills and knowledge of service coordinators (yes=4)

(Helped improve the) transition process

(Improved their ability to) reach resources and link services

Skills and knowledge of providers (yes=4)

(Improved) evaluation of infants and toddlers

Reduced anxiety of school staff regarding delivering services

Quality of IFSPs (yes=5)

Helped with the design of the new IFSP

Some bridges built between agencies, such as Dept. of Mental Health (4)

Project Coach Comments

- Wonderful training in the area of family-centered services
- TA to universities and school projects (was very helpful)
- *Conversations* monthly meetings (are good)
- Transition workshop was excellent
- Rave reports about the brain development workshop
- Keep up the good work
- We need (your) training as experts that know our state and how we function
- Assessment Institute has been excellent for skills and knowledge
- Excellent training. We hope to have more.

Suggestions for the future for Project Coach

- More individualized, district specific training
- Increase interagency collaboration
- Continue one on one assistance to teams
- Offer more training. We have made great progress, now we need more fine tuning
- MORE!
- Offer Interactive Video Meetings for DCs and key people
- New providers need training. Still have LEAs that don't know how to test babies
- Need agencies to use common forms, and cooperate with release of information, and procedural safeguards

PROJECT COACH OUTREACH
ADMINISTRATOR'S SURVEY

Comments from April 20, 1999 Focus Group, Jackson, MS

1. OVERALL, do you feel there have been changes in Part C in Mississippi, for the better or worse, in the last year?

- Things are about the same.
- Improvements include: more public awareness, more staff, more and better printed materials, and a new video tape.
- The position within the agency has improved resulting in the addition of new district and service coordinators.

2. In what areas do you feel there have been the most positive changes in Part C in Mississippi or in your district?

- Mental health relationship is improving.
- PHRM is improving.
- A consistent base for everyone to work from is being established.
- Equipment (computers) has been added in some districts.

3. In what areas do you feel there have been the least?

- Data collection
- Registry has not improved.
- Still not enough equipment.
- Unable to access information.
- Still understaffed.
- Not enough resources.
- Still feel like step children. SDE and medicaid are problems.
- Difficult to tell what each agency is doing.
- Data collection should be the priority since funding is based on sound data.

4. Do you feel that training and technical assistance has played a role or made a difference in the quality or availability of services?

- No. since procedures have been standardized it is difficult to provide training. It is also difficult to know what resources are available for training and t/a.
- Service coordinators still need training, even the ones who have been in the positions for long periods of time.
- Having service coordinators train new ones often results in training incorrectly.
- There is no training manual.
- (Training issues) Training is available. They have resources; they just don't read them.

They have to take the lead in finding the training they need. (Cassandra)

- Angel suggested a comprehensive training program for new hires.
- Michael mentioned moving toward the modules to go along with the competencies. The modules are a high priority.

5. We would appreciate your comments on any specific contribution you feel IDS/Project Coach has made. Also, please suggest anything you wish Project Coach had done or had done differently.

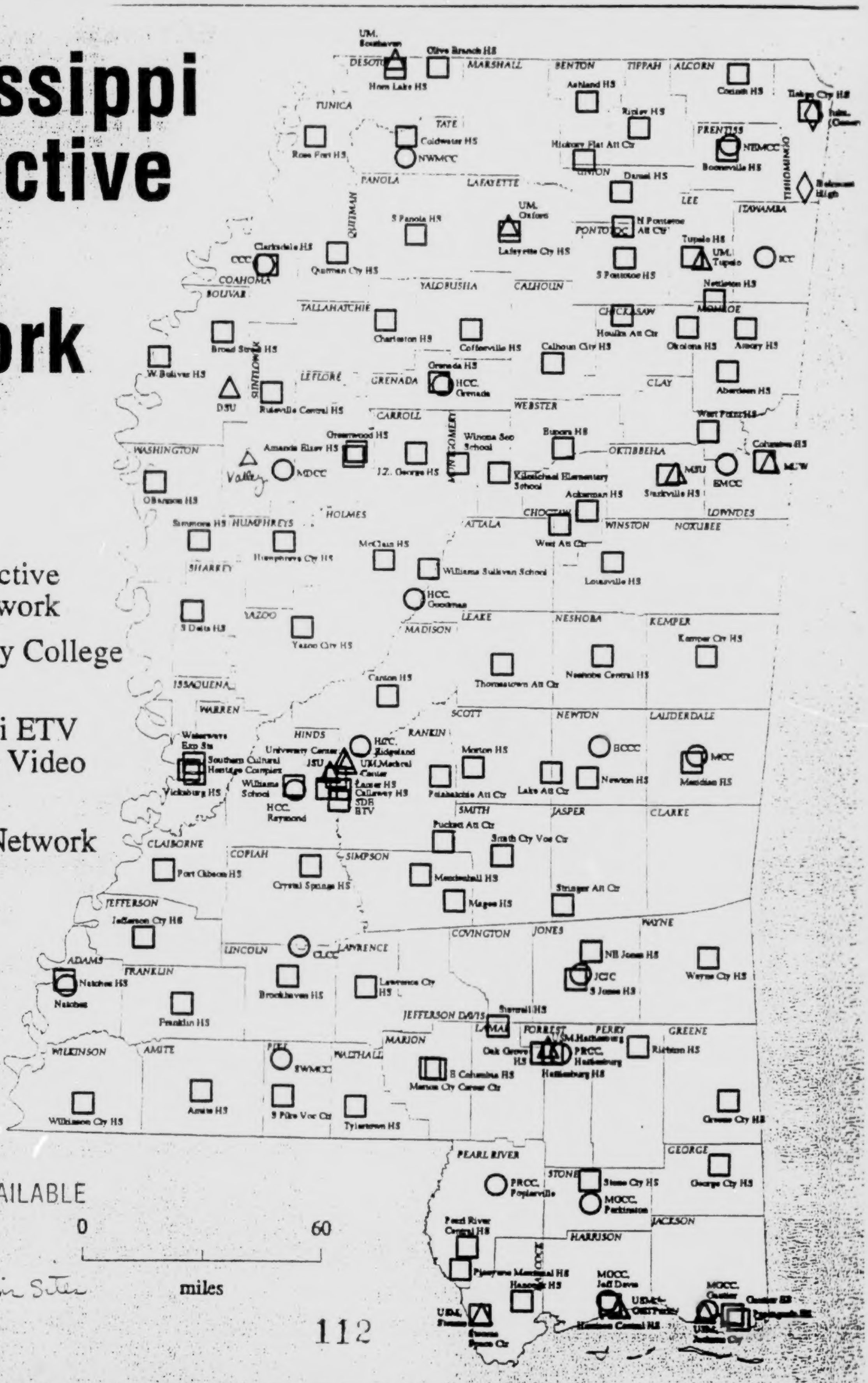
- More training for service providers.

(The focus group had to end abruptly because of a scheduled conference calls. Follow-up written responses have been requested)

DC Comments 4/20/99

E: Agenda and Minutes from *Conversations* Videoconferences

Mississippi Interactive Video Network


UM. Southaven
Olive Branch HS
DESOTO
Horn Lake HS
MARSHALL
BENTON
TIPPAH
ALCORN
Corinth HS
Tishomingo Cty HS
TUNICA
Ashland HS
Ripley HS
TATE
Coldwater HS
NWMCC
Rosa Fort HS
Hickory Flat Att Ctr
PRENTISS
NEMCC
Booneville HS
TISHOMINGO
Belmont High
UNION
Daniel HS
PANOLA
LAFAYETTE
QUITMAN
S Panola HS
UM. Oxford
Lafayette Cty HS
PONTOTOC
N Pontotoc Att Ctr
LEE
ITAWAMBA
Tupelo HS
UM. Tupelo
ICC
Clarksdale HS
CCC
COAHOMA
Quitman Cty HS
S Pontotoc HS
YALOBUSHA
CALHOUN
Nettleton HS
BOLIVAR
TALLAHATCHIE
CHICKASAW
MONROE
Houlka Att Ctr
Okolona HS
Amory HS
Broad Street HS
Charleston HS
Coffeeville HS
Calhoun City HS
W Bolivar HS
Grenada HS
HCC. Grenada
SUNFLOWER
LEFLORE
GRENADA
CLAY
Aberdeen HS
DSU
Ruleville Central HS
CARROLL
WEBSTER
MONTGOMERY
West Point HS
Greenwood HS
Winona Sec School
Eupora HS
WASHINGTON
Amanda Elzy HS
OKTIBBEHA
Columbus HS
Valley
MDCC
J.Z. George HS
Kilmichael Elementary School
MSU
EMCC
MUW
O'Bannon HS
Ackerman HS
Starkville HS
HOLMES
CHOCTAW
LOWNDES
Simmons HS
HUMPHREYS
ATTALA
WINSTON
NOXUBEE
West Att Ctr
Humphreys Cty HS
McClain HS
Williams Sullivan School
SHARKEY
Louisville HS
HCC. Goodman
LEAKE
NESHOBA
KEMPER
S Delta HS
YAZOO
MADISON
Yazoo Cty HS
Kemper Cty HS
Thomastown Att Ctr
Neshoba Central HS
ISSAQUENA
Canton HS
WARREN
SCOTT
NEWTON
LAUDERDALE
Waterways Exp Sta
HINDS
RANKIN
HCC. Ridgeland
BCCC
University Center
JSU
UM Medical Center
Morton HS
Southern Cultural Heritage Complex
MCC
Vicksburg HS
Williams School
Lanier HS
Callaway HS
SDE
ETV
Pelahatchie Att Ctr
Lake Att Ctr
Newton HS
Meridian HS
HCC. Raymond
SMITH
JASPER
CLARKE
Puckett Att Ctr
Smith Cty Voc Ctr
CLAIBORNE
COPIAH
SIMPSON
Port Gibson HS
Crystal Springs HS
Mendenhall HS
Stringer Att Ctr
Magee HS
JEFFERSON
Jefferson Cty HS
COVINGTON
JONES
WAYNE
LINCOLN
CLCC
LAWRENCE
NE Jones HS
ADAMS
FRANKLIN
JCJC
Natchez HS
S Jones HS
Wayne Cty HS
Natchez
Brookhaven HS
Lawrence Cty HS
Franklin HS
JEFFERSON DAVIS
Sumrall HS
LAMAR
FORREST
PERRY
GREENE
USM. Hattiesburg
Oak Grove HS
PRCC. Hattiesburg
Richton HS
WILKINSON
AMITE
PIKE
SWMCC
WALTHALL
MARION
E Columbia HS
Marion Cty Career Ctr
Hattiesburg HS
Wilkinson Cty HS
Amite HS
S Pike Voc Ctr
Tylertown HS
Greene Cty HS
PEARL RIVER
GEORGE
STONE
PRCC. Poplarville
Stone Cty HS
George Cty HS
MOCC. Perkinston
JACKSON
Pearl River Central HS
HARRISON
HANCOCK
Picayune Memorial HS
Hancock HS
MOCC. Jeff Davis
USM. Gulf Park
Harrison Central HS
MOCC. Gautier
Gautier HS
Pascagoula HS
USM. Jackson Cty
USM. Stennis
Stennis Space Ctr
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Legend

△ IHL Interactive Video Network

○ Community College Network

□ Mississippi ETV Interactive Video Network

◇ Tri-State Network

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Connection Sites

Mississippi State University Extension Service

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02/26/98
COED-001

Institute for Disability Studies: MS-University Affiliated Program
Box 5163, University of Southern Mississippi
Hattiesburg, MS 39406-5163
Phone: (601) 266-5163 or 1-800-467-4488.
FAX: (601)266-5114
email: sfair@ocean.st.usm.edu

FAX

To: Jan Entrekin and Roy Hart
Fax number: 354-6087
Organization: MSDH

From: Stella Fair, PhD.
Director, Project Coach Outreach

Message:

Announcing:

Conversations

about infants and toddlers with special needs
An Interactive Video Network Discussion Group
Friday, January 30
9:00-10:30, at the IVN site nearest you!

You and your team are invited to be part of a state-wide discussion group on IVN for the purpose of sharing information and ideas, and asking questions of the infant/toddler project teams and the First Steps administrators. The meeting will begin with announcements of interest; followed by an open forum on current issues of concern. Since the Infant/Toddler Assessment Institute will be in mid-February, I am sure several of you have questions about the format and activities that are planned for it.

We hope that each team will be represented at this meeting. Please RSVP to my email or fax as soon as possible, but no later than January 26. Because of expenses and staff limitations at the various sites (USM, UM, MSU, DSU, UM at Tupelo, and MS-ETV), we cannot secure a site without your confirmed reservation. If you have specific topics you would like on the agenda, be sure to send those along with your request to participate.

Meeting Notice

Conversations

about infants and toddlers with special needs

An Interactive Video Network Discussion Group
Sponsored by Project Coach Outreach

Friday, December 3, 1999
8:30 a.m. - 10:00 a.m.
Please note time change.

Sites:
- Jackson, R & D Towers - Room 2-4
- Oxford, Ole Miss
- Tupelo, Ole Miss Branch
- Wesson, Co-Lin
- Natchez, Co-Lin
- Starkville, MSU - Allen Hall
- Hattiesburg, Pearl River Community College
- Gulfport, Mississippi Gulf Coast Community College
- Meridian Community College
- Jones Junior College

Agenda and Handouts Enclosed

Contact Jan Entrekin at jentrekin@earthlink.net or (601) 992-2185 if you have questions or need further information or do not plan to attend.

Please make copies of the announcement, agenda and handouts for your team.

Conversations

about infants and toddlers with special needs

An Interactive Video Network Discussion Group
Sponsored by Project Coach Outreach

Friday, February 27
9:00-10:30

Sign up here if you want to participate

name	Preferred site	Email, fax or phone

CONVERSATIONS
December 5, 1997
9-10:30

Facilitator:
Stella Fair

Participants:
Raymond Alexander
Jan Entrekin
Roy Hart
Missy Rowley
Jane Siders

The first Interactive Video Network meeting for the school/university infant/toddler projects was held December 5.

Jan Entrekin reported on the status of the projects' activities. At the universities, most are still in an organizational mode. However, Ole Miss recently conducted an inservice training workshop for Head Start. Jan said they are trying to allow the projects enough latitude to get organized, prepare and plan, before expecting anyone to begin assessing children.

Roy Hart stated that he will need everyone to have made significant progress and some respectable outcomes by the end of the fiscal year, in order for him to maintain the support of the MS Dept of Health. (Final reports are due in June. There will be more specificity in the contracts next year) Developmental outcomes for children, short and long term, were mentioned as important and were discussed. M. Rowley pointed out the importance of following children long enough to have meaningful data. Roy did not feel those types of data (developmental) would be needed this year. The USM participants discussed collecting data on child, family and trainee outcomes. Both the social work and speech/language departments at USM track their students for several years after graduation.

Roy and Jan confirmed strong support at the federal level for personnel prep. This particular university/school project in Mississippi will be/is well received at the federal level. At the recent DEC conference in New Orleans, Tal Black from NEC*TAS talked about Virginia doing a very similar model to what we are doing.

The question was raised by M. Rowley and J. Siders about support for training 0-5. It was the consensus that there needs to be a collaborative, shared effort among relevant state agencies to fund personnel prep projects. The Dept. of Education, like the Infant/Toddler Program, has a similar mandate to ensure qualified staff. It is hoped that if the current projects are successful, it will strengthen the chances of expanding financial support from other agencies as well.

J. Siders raised the question about certification for early interventionists. The one year masters' program could graduate its first students in spring of '99 at USM. Roy said he hopes to have a process for credentialing staff soon. He wants to develop a broad plan for providing the "highest qualified" staff for the early intervention program, meaning both service coordinators and the various providers. He wants to have a reasonable and fair way of ensuring that both currently employed staff or providers and new applicants are appropriately qualified. Jane suggested that the university deans be involved in this discussion and planning.

Regarding the current USM project, Jane described her thoughts that each department would establish the competencies for their students who are involved with the team, and select the preferred strategies for training in that competency (observation, practice, mentoring, etc.) It is important that each department decide on the criteria they want to use for their students. The avoidance of establishing free standing clinics at the universities that are not connected with the community was discussed as an important goal for the university projects. The point was made that these projects need to be demonstrations that can be replicated in any community in the state, and they need to benefit practitioners in the community. Because of this, projects need to work closely with the local providers and resources.

Jan suggested that there may be a need to bring together the university projects for the specific purpose of enhancing curricula and to further explore issues relative to training and supervision. The group agreed that there is a need for each discipline to explore appropriate content and training approaches, and there is a separate need for how to train in an interdisciplinary manner. "You have to know your own content before you can be part of a team."

R. Alexander asked how transdisciplinary teaming was going around the state. Jan and Roy answered that it was going very slowly. Most places are using a multi-disciplinary, fragmented model. There have been some real shifts in attitudes toward and appreciation for assessment as a team, but doing services as a team is another story.

S. Fair brought up some apparent confusion about the definition of at-risk. J. Siders and others expressed their support for serving children at-risk. Roy pointed out the realities of funding and the fact that we are not doing a good enough job of reaching and serving the eligible children we have now.

Jan announced two training events, the Assessment Institute, February 18-20 in Jackson and the Newborn Hearing Screening/Hearing Impaired and Deaf workshop scheduled for March 2-4, also in Jackson. Concerns about what we are doing to prepare personnel as interventionists for deaf and hearing impaired was discussed, as well as the same need for children who are visually impaired.. One response has been the development of 4 regional diagnostic centers to follow-up on newborns identified with hearing impairment or deafness.

The meeting was closed with plans to survey all projects as to a preferred Friday each month for these IVN meetings.

Submitted by: Stella
Stella Fair, Ph.D.
Director, Project Coach Outreach

Conversations
about infants and toddlers with special needs

An Interactive Video Network Discussion Group
Sponsored by Project Coach Outreach

Friday, January 30
9:00-10:30

Linked Sites: Community College Network classrooms at Jackson, Goodman, & Moorehead; IVN classrooms at UM/Tupelo at Itawamba CC, USM/Hattiesburg and MSU/Starkville.

Represented Teams: Hattiesburg, Holmes County, Jackson State, MS State, Tupelo, USM, Valley, Willowood

AGENDA

I. Welcome: Stella Fair

II. Update and announcements from MS Early Intervention : Roy Hart and Jan Entrekin

III. FY '99 Grant and Project Proposals

IV. Infant/Toddler Assessment Institute: Stella Fair and Connie Clay

V. Open Mike: Any Questions? Announcements?

VI. STARnet (1-800-227-7537) and Other Training Events

VII. Next Meeting: February 27, 9:00 - 10:30

CONVERSATIONS

about infants and toddlers with special needs
January 30, 1998
9:00 - 10:30
Sponsored by Project Coach Outreach

Facilitators:
Stella Fair and Jan Entrekin

Participants:
Alice McGowan
Carrie Turner
S. L. Ansah
Sam Givhan
Janie Cirlot New
Sophia Tiggs
Jane Siders
Dora Willis
Connie Clay
Ram Baral
Nancy Moses
Jan Cooper Taylor
Carlen Henington
Valara Sample
Jan Brownlee
Raymond Alexander
Terri Daniels

The second Interactive Video Network discussion group for the university and school district infant/toddler projects was held January 30, 1998. Due to technical difficulties the USM site was late joining the meeting. A scheduling conflict resulted in the MS Valley State team only being able to participate for part of the meeting.

Jan Entrekin started the meeting in the absence of Stella Fair. Jan welcomed everyone and had each person introduce him/herself. Jan asked each team to strive to be on a monthly schedule of submitting reports to her. JSU and MSU stated concerns about getting started late in the contract period and feeling a need to get things moving quickly. Jan reassured each team that there is no need to feel they are being rushed. The main concern now is the number of students participating in assessments, and not the number of assessments being conducted. Jan will have more information in April on what is needed in reports. The proposals for FY '99 will need to be in no later than the end of April or first of May. Jan Cooper Taylor asked if the format will be the same as last year's. Jan Entrekin said it would probably be more standardized and not lengthy at all. She reminded everyone the dollar amount will not increase. The question was asked about a specific time for monthly reports. Jan said two weeks after the end of the month would be good since she understood information had to be gathered from team members.

Jan Entrekin asked if everyone had received information on the Assessment Institute. She reminded everyone of the importance of letting her know if a team member could not attend since she has a waiting list. The guest rooms will be available upon arrival and all meals will be provided at the conference center. It was suggested by Jan and Connie that participants wear casual clothes and be prepared to work with young children. Connie asked participants to bring favorite toys to use for the practice assessment and a floppy doll for the positioning session.

Each team was asked to share what they had been doing since the last meeting. MSU said they have been conducting assessments and learning as they go along. They felt it would get easier as they go. They have a good working relationship with their district and service coordinators. They plan to do approximately three assessments every two weeks to allow time for report writing. Jan Entrekin asked if transportation had been a problem for the families. She said contractual travel may be used to reimburse for travel to keep from having no-shows. Jan Cooper Taylor explained this has not been a problem thanks to the service coordinators.

Holmes County School District is currently serving three children and waiting on IFSPs for several more. They have two days a month set aside for assessments.

Jan Brownlee reported she has been working closely with Susan Boone, the district coordinator for First Steps. She is working with a service agency to provide PT and OT services. She will have a member of the team to attend the institute with her.

The USM link came on at this time and joined the meeting.

MS Valley State reported they had started late and were currently having a series of meetings. They are also looking into the possibility of hiring a coordinator for

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the grant.

USM reported they too are still in the planning stages, but are putting together the competencies that will be used with the students. Dora Willis is serving as coordinator for the project.

The Hattiesburg team has been active since September. They have an assessment and intervention center currently operating. They are serving 50 children from birth to three. They are offering a series of training workshops to the other school teams in their health district. They held one workshop in December and are planning one for Tuesday, February 3. Jan Entrekin asked that the local early intervention staff be made aware of any training in the districts. She said it was important to prevent scheduling problems as well as allowing them the opportunity to attend. Jan E. asked to be informed of any training being planned by the teams. Stella shared the books for the Assessment Institute. She suggested everyone read the first chapter of the New Visions book (Chapters 2,3, and 18 are also recommended), as well as skim through Dr. Linder's book. A copy of the first chapter of the New Visions for the Developmental Assessment of Infants and Young Children will be sent to each participant. Jan E. said meals in the evening will be served early enough to allow time for shopping or visiting afterwards. Dr. Ansah asked about the New Visions book. Stella explained each team should have a copy and, if not, it is available from Zero to Three (1-800-899-4301).

MSU asked Terri Daniels how her team was handling vision and hearing screenings. Terri explained every child has vision and hearing screening before they come for the initial screening. The screening is done at USM and if any difficulties show up they are referred to the doctor before the screening.

MSU asked about report writing. Terri explained all the information is collected and given to one team member to put together. The person writing the report has a written narrative from each person and scores from the protocols. A formal report is written even if the child is not eligible for services. The process takes about a month to complete.

Sam Givhan asked how the service coordinators were involved in the process. Terri said they were there throughout the process if they made the referral. Jan Cooper Taylor asked if they were evaluating children who would not be served by public school. Terri said yes they have a tracking system they use for follow-up even if the children do not receive services. She feels this helps the families. The team provides follow-up in 3 to 4 months.

Jane Siders asked if they were under any Part B, school regulations. Terri said if the screener doesn't show a delay, some school districts stop at that time, but all school districts can use professional judgment. Hattiesburg uses professional judgment often since screeners do not catch all areas of difficulty. They are looking for instruments that will better identify all children.

Jan Cooper Taylor asked if Hattiesburg was seeing children outside of their district. Terri said they are because they currently have agreements with two other districts. If the children are outside of those districts they are referred elsewhere. Jane explained USM will serve Forrest, Jeff Davis and Wayne counties and will not actually serve the Hattiesburg school district area.

Terri asked about the differences in the MSU assessments. Janie said they did not have a screening clinic for vision and hearing. Sam explained all children are being referred from First Steps. Janie said not all school districts in their area serve children from birth to three so services are provided by private contractors

Jane Siders said the USM team will have medical screening provided by the rural health centers. This will provide them with more health information. Janie asked how long it will take to make a referral and if it will be within the 45 days. Jane said the 45 days is difficult for everybody.

Terri said her team is challenged by writing reports that are family friendly and still meet the regulations for eligibility. She said they are beginning to write one report for the school to determine eligibility and then add friendlier, explanatory language when they give the report to the family. Jan Cooper Taylor said it seems the younger the child the more difficult it is to write the report in segments by discipline.

Carlen asked how other teams were handling the IFSP process and if parents were called back in to be a part of the meeting. Jan E. said there are several ways to handle this. The Willowood Team conducts the IFSP meeting immediately after the assessment while the parent and service coordinator are already there. Carlen and Sam expressed concern that service providers are not available when the IFSP is being written. Jan E. said it has been a problem including the service providers

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in the assessments and IFSPs, but they can be paid to participate in the relevant activities. She stressed the importance of the teams meeting the service providers. Terri said once a child is through the screening process they have a better understanding of what is going to be needed and are trying to include service providers in the assessments and IEP/IFSP meetings as much as possible. Jan E. said again, service providers can be paid for attending the IFSP meeting. Sam mentioned the fact that they feel uncomfortable making recommendations that might not be available, and feels providers should be present for these decisions or else the team will be just another academic exercise.

Stella said a training calendar is being prepared by Jan E. and will be available at the Assessment Institute. Jan E. asked everyone to bring any training events they know of to the Institute. The Child With Special Needs will be held April 29 - May 1 in Anaheim, California. There will be a preconference on Autism April 27 -28. The next STARnet satellite broadcast will be February 19 at 4:30 p.m. It will be the Young Child with Motor Challenges. The broadcast is the third Thursday of each month and can be picked up by satellite dishes in homes or through university and school links. Jan E. mentioned the Newborn Infant Hearing Screening/Hearing Impaired and Deaf workshop to be held March 2 - 4 in Jackson. There will be a tract for interventionists on March 3. The first afternoon will be a presentation on statistics to support why we do hearing screenings. Terri said March 3 will be a training event, "A Day of Sharing", at the Pine Belt YMCA in Hattiesburg.. There will be ten small group discussions. There is no charge for the training and reservations can be made by calling 582-0252.

Stella mentioned the Ole Miss team has conflicts with the Friday scheduling of *Conversations* and would be interested in having an alternate meeting on a Tuesday at 1:00. Anyone interested in this time slot would be welcome to participate.

Since USM joined the meeting late, Jane asked for information on the monthly reports. Jan E. said she would like to have them two weeks after the end of the month. They should contain information about students involved in assessment and intervention, number of children assessed, any training attended by the team, and training provided by the team. Jan E. will be visiting each team to talk more about proposals for '99.

Stella explained Project Coach Outreach is a federally funded outreach project that uses blended monies from First Steps to provide training and technical assistance to build early intervention teams in the state. The project strives to bring teams and individual professionals together for support. *Conversations* is a part of this support network, but participation is not required by the Infant/Toddler Program. The teams were given an opportunity for closing comments and everyone expressed appreciation and continued interest.

The meeting was closed with plans for the next meeting to be held February 27 at 9:00.

Notice

If your team or someone on the team wants to be included on the 27th, be sure to have at least one person confirm this date and your preferred location with Stella (FAX: 266-5114 or 1-800-467-4488 or sfair@ocean.st.usm.edu).

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Conversations

about infants and toddlers with special needs

An Interactive Video Network Discussion Group
Sponsored by Project Coach Outreach

Friday, February 27
9:00-10:30

Linked Sites: Community College Network classroom at Goodman and Co-Lin(?); IVN classrooms at UM/Tupelo at Itawamba CC, USM/Hattiesburg, MSU/Starkville. Jackson State, and MS Valley.

AGENDA

I. Welcome: Connie Clay

II. Update and announcements from MS Early Intervention : Jan Entrekin

III. Report on Assessment Institute and Follow-up Questions

IV. Open mike: Discussion and Questions

V. Next meeting: March 27, 9:00-10:30

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CONVERSATIONS

about infants and toddlers with special needs
February 27, 1998
9:00 a.m. - 10:30 a.m.
Sponsored by Project Coach

Facilitators:

Connie Clay and Jan Entrekin

Participants:

Carrie Turner
Nancy Moses-Odell
Sophia Tiggs
Valara Sample
Carlen Henington
Sam Givhan
Dora Willis
Jan Brownlee
Susan Boone

The third Interactive Video Network discussion group for the university and school district infant/toddler projects was held February 27, 1998.

Connie Clay welcomed everyone and explained that Stella was in Washington, D.C. She said Stella would be sharing information on the infant and toddler regulations and training opportunities at the next meeting. Everyone exchanged greetings and Jan Brownlee introduced Susan Boone, District Coordinator for Health District II. Susan is also filling the role of Service Coordinator in her district.

Jan Entrekin shared a few training opportunities individuals might be interested in attending. Some of the upcoming training events include The Infancy and Early Childhood Training Course four day program on Assessment, Diagnosis and Intervention for Developmental and Emotional Disorders, April 24 -27 in Arlington, Virginia, (301) 320-6360 and The Child With Special Needs, The National Conference Addressing Issues in Early Development: Birth to Five Years, April 29 - May 1 in Anaheim, California, (510) 828-7100, ext. 3. Anyone attending training should send Jan a letter regarding the event. This letter is not for permission, but to keep Jan informed and help keep data on needs and interests. Jan will be visiting each site in the near future to answer questions.

Dora Willis asked about the monthly reports Jan has requested. Jan explained she would like to have a general report letting her know what staff are doing. She is also interested in knowing about any training the team is providing as well as the training they are attending. In the future Jan will be interested in knowing how many students are participating in the assessments. She will be asking for a year end project report.

There were no questions about the Assessment Institute. Carlen mentioned how much she enjoyed the training and how beneficial it was for her. Jan asked about follow up training and everyone agreed it would be helpful to have Toni on our video conference. Jan explained that we had tried to get Toni on for today, but the details didn't work out. Hopefully, Toni can join us by video link for the next Conversations.

Dora Willis asked if the contract requires a screening before the actual assessment is done. Jan referred Dora to Jeff Kresge for more information, but she felt a screening was necessary in order to facilitate collaboration with the schools. (Screening is currently a requirement for Part B eligibility.)

The Holmes County School team reported they had four assessments scheduled for Tuesday and only two families came. No shows to be a recurring problem for them. They also requested additional training from a P.T. or O.T. since they do not have a motor person on their team and the majority of the children they see have motor delays. Jan agreed this was a definite problem in their area and suggested April Hawks or Beth Woodcock as possible consultants.

Dora Willis reported the USM team is moving toward getting some referrals. Dora's work schedule has her at IDS on Mondays, Tuesdays, and Thursdays at this time.

Carrie asked Dora if it would be possible for her to come and visit the USM team in the near future. The details for this visit will be worked out in the near future.

There was no further discussion and the meeting was closed. The next meeting will be held on March 27 at 9:00 a.m.

Notice

If your team or someone on the team wants to be included on the March 27, be sure to have at least one person confirm this date and your preferred location with Stella (FAX: 266-5114) or 1-800-467-4488 or sfair@ocean.st.usm.edu).

Conversations

about infants and toddlers with special needs

An Interactive Video Network Discussion Group
Sponsored by Project Coach Outreach

Friday, April 24
9:00-10:30

Possible Linked Sites: Community College Network classrooms at Jackson and Goodman; IVN classrooms at UM/Tupelo at Itawamba CC, USM/Hattiesburg, MS Valley/Itta Bena, MSU/Starkville, and JSU/Jackson.

AGENDA

I. Welcome: Stella Fair

II. Update and announcements from MS Early Intervention : Jan Entrekin

III. Update from the projects: Share news of your experiences and plans since February, also toys, books, articles or videos discovered (show and tell is encouraged)

IV. New training opportunity "picks": Stella Fair
  National teleconference, May 21, "Natural Environments"
  Train-the-trainer workshop on cultural competence, June 25-27, Fairfax, VA
  Early Intervention Summer Institute, Aug 3-7, Williamsburg
  STARnet (1-800-227-7537) May 14, "Getting in touch with children who are deaf-blind"

V. Open mike: any questions? Announcements?

VI. Next Meeting: May 22, 9:00 - 10:30

CONVERSATIONS

April 24, 1998
9:00 - 10:30

Facilitator:
Stella Fair

Participants:

Ram Baral	Sam Givhan
Carlen Henington	Jan Cooper Taylor
Mit Arnold	Gary Mooers
Jan Brownlee	Terri Daniels
Valara Sample	Sophia Tiggs
Annie Lowery	Samuel Osunde
Jan Entrekin	Connie Clay

The monthly interactive video network meeting for the university and school district infant/toddler projects was held April 24, 1998. Stella welcomed everyone and opened the meeting with introductions.

Jan Entrekin said the letter and guidelines for proposals had been mailed. The deadline for FY '99 proposals is May 15. She would appreciate receiving them early if possible.

Suggested training opportunities include the National Teleconference on "Natural Environments" May 21 from 11:30 a.m. until 3:00 p.m. Jan said there are three sites in Mississippi at this time. The sites are Jackson - ETV auditorium, Laurel - Jones County Health Department, and Batesville - Panola County Health Department. Jan suggested calling the local District Coordinator to have a site arranged for the other districts.

The Train-the-Trainer Workshop on cultural competence will be held June 25 - 27 in Fairfax, VA. Stella suggested having one or two people from the state attend and become trainers for the state. The number for more information is (703) 993-3670 or Stella will answer questions. There is no registration fee, but registration is limited.

The Early Intervention Summer Institute will be held August 3 - 7 in Williamsburg. The institute is sponsored by Child Development Resources. The sessions include Caring for Others, Building Relationships, Puppets Alive, Autism in Children, and Feeling Good About Me. The number for more information is (757) 566-3300 and the contact person is Lisa McKean.

STARnet will be May 14 and the subject will be "Getting in touch with children who are deaf-blind". The number to call for more information is 1-800-227-7537.

Toni Linder will be holding an assessment institute June 29 - July 3 in Vail, CO. This would be a good opportunity for team members who did not attend the infant toddler institute in February to receive training. Our estimate of a person's total cost for the institute should be from $1,000 to $1,200.

The MSU team will hold a training session on April 29 in Starkville for local school districts. They will discuss Part H requirements, the referral process for early intervention and assessment instruments for young children. The team will demonstrate an arena play based assessment. The team will offer tours of the T.K. Martin Center and the MSU Child Development and Family Studies Center. They have received registration from 40 people and they will also include students. Jan Brownlee expressed interest in attending. The team will fax her information on the training.

The Ole Miss team will provide training for child care providers on May 30 in Batesville. They are expecting approximately 150 people. The training will focus on a general awareness of early intervention and inclusion.

The Hattiesburg Public School team is sponsoring an early intervention services day for local school districts. They will have four school districts to come on separate days to observe and spend time with their team.

Dave Lindeman from Kansas University Affiliated Program at Parsons discussed the FACETS project. He explained the UAP program in Kansas and the three sites they operate. He gave background information on preschool services they have offered. The Birth to 3 Project dealt with specific issues of a. service delivery b. need for effective identification and tracking system, and c. coordination of services. The elements of the model were:

1. Referral and identification
2. Screening and monitoring
3. Family services
4. Intervention and service delivery
5. Regional service coordination.

This information became a project called FACETS. The problems addressed by this project were helping people know how to implement services, getting families involved with services, collaboration across agencies and transition from Part H to Part B. The steps FACETS used for implementation were:

1. Initial contact with sites
2. Needs assessment
3. Development of outreach training plan
4. Initial outreach training
5. Follow up assistance
   phone calls
   site visits

The goal of the project was not to just provide training but to explain to participants how to implement the information in their own situation. The FACETS II project will address the following problems: the meaning of family involvement in Birth to 3 programs, developmentally appropriate intervention strategies and interdisciplinary/interagency communication/collaboration in intervention. The program will include five modules: Family Guided Activity Based Intervention, Daily Routines as a Context for Intervention, Developmentally Appropriate Child Centered Intervention Strategies, Involving Caregivers in Teaching and Learning and Interagency/Interdisciplinary Team Planning.

The FACETS project is currently identifying communities to work with in Mississippi. The first step in the process will be to begin a needs assessment so that training can be tailored to fit the community. A seven page FACETS bulletin will be mailed to Stella for distribution to individual teams. The project is a joint undertaking with Julianne Cripe from Valdosta State University in Georgia.

Jan Entrekin requested that her office be notified of any training event that teams are attending especially out of state. She will not be approving the training, but her office needs to be aware of team activities.

Carrie Turner reported that the JSU team has been established. The team consist of two psychologists, one social worker, one audiologist, one therapeutic recreation specialist, two special educators, and three students. The team will be observing Dreamcatchers on April 29. They are also making plans to provide training to parents of children with special needs. Carrie will be receiving her Ed.D. in Early Childhood Education on May 9.

The Hattiesburg Public School Team has been awarded the State Excellence Award. Dr. Gordon Walker and Mo Conville will be in Jackson on May 29 to receive the award along with Terri.

Ram Baral reported that the Mississippi Valley State Team is growing and developing. They are appreciative of all the training they have received and are sharing information with other team members.

The Holmes County School District Team and Dreamcatchers will be providing an infant/toddler development workshop "Give Me Words, Help Me Walk" on May 28 at the Holmes County Educational Center. The workshop will be from 10:00 a.m. until 2:00 p.m. The training is being offered for child care providers, teachers, program directors, service coordinators, and service providers from Holmes and Carroll counties.

The next interactive video conference will be held May 29 from 9:00 a.m. until 10:30 a.m. Please be sure to confirm this date and your preferred location with Stella (FAX: 266-5114 or 1-800-467-4488 or sfair@ocean.st.usm.edu).

Conversations
about infants and toddlers with special needs

An Interactive Video Network Discussion Group
Sponsored by Project Coach Outreach

Friday, May 29
9:00-10:30

Possible Linked Sites: Community College Network classrooms at Jackson, Wesson (Co-Lin) and Goodman (Holmes); IVN classrooms at UM/Tupelo at Itawamba CC, USM/Hattiesburg, MS Valley/Itta Bena, MSU/Starkville, and JSU/Jackson.

AGENDA

I. Welcome: Connie Clay

II. Update and announcements from MS Early Intervention : Jan Entrekin

III. Update from the projects

IV. Summer training opportunity "picks": Connie Clay
  Developing Positive Children, June 13, Holiday Inn Airport, Gulfport. (228)426-9935
  Creating Nurturing Environments, June 19-20, Ramada Coliseum, Jackson (Office for Children and Youth Conference)
  Parent Partners Annual Conference, July 31 & Aug 1, Holiday Inn North, Jackson. (800)366-5707. Dr. Hehir is keynote
  CDR's Early Intervention Summer Institute, Aug 3-7, Williamsburg (Adrienne)

V. Adrienne Frank, TransTeam, Child Development Resources, Norge, VA
  The IFSP: A Follow-up to the Orientation Workshop

VI. Next Meeting: June 26, 9:00 - 10:30

CONVERSATIONS

about infants and toddlers with special needs
May 29, 1998
9:00 a.m. - 10:30 a.m.
Sponsored by Project Coach

Facilitators:

Connie Clay and Jan Entrekin

Participants:

Deborah Callaway
Valara Sample
Carlen Henington
Patty Black
Jan Brownlee
Jan Entrekin
Michelle Morris
Carl Brown
Sam Givhan
Jan Cooper Taylor
Susan Boone
Connie Clay

The monthly interactive video network meeting for the university and school district infant/toddler projects was held May 29, 1998. Connie welcomed everyone and opened the meeting with introductions. Teams represented were Dreamcatchers, Holmes County School District, MSU, MS Valley State, and Tupelo Public School District. Two students from MSU also participated in the meeting.

Adrienne Frank joined the meeting from Virginia. The MSU site had technical difficulties and did not join the meeting until 9:45 a.m. Adrienne asked for background information on Conversations. Jan explained that Conversations was held once a month and it was started primarily for business purposes. The video conferences have moved toward having a quest presenter each month with a specific discussion topic.

Adrienne had talked with the MSU team and Jan Cooper Taylor had explained their assessment process. Adrienne had questions about the link between service providers, service coordinators, and the assessment team. She understood service coordinators are involved in the assessment process, but not service providers. The team begins the IFSP and makes broad recommendations but doesn't provide direct services. There was a question about funding and not being able to do a large number of assessments. Jan explained that the university teams are set up to provide training, both inservice and preservice, and the number of assessments they do is secondary to training. The MSU team was not available to answer questions about their team's individual situtation.

Deborah explained that her team does the IFSP with service coordinators. Service providers are not always available and on initial assessments no one knows for sure what service will be needed. Once the assessment is completed and outcomes are determined then decisions are made regarding how services will be provided. The service provider amends the IFSP to provide services. When Dreamcatchers does a reassessment, if their interventionists are providing services, they participate in the assessment usually as the play facilitator. When contract service providers are used for intervention they are encouraged to participate in the reassessment. The IFSP is not considered "temporary" since the parents are involved in the development. The strategies are global so most interventionists can fit their services within them. Adrienne asked if Dreamcatchers role is to build other teams. Deborah reported that their team is being used to help train some of the university and public school teams. Adrienne asked how it was determined which team would serve a child. Carl Brown said it varies but the main goal is to avoid having children placed on waiting lists. Families are given options and they choose the team they prefer. Families are assigned to service coordinators based on zip code and sometimes case loads.

Adrienne asked if anyone had questions about writing outcomes. Deborah said she felt their problem was more with terminology. They took out the word strategies altogether because it was confusing to everyone. Adrienne's definitions say that a goal is long term and an objective is behavioral. An objective can be measured such as "Johnny will jump three times in a row with the teacher watching". The IFSP used in Virginia doesn't have goals and objectives, but rather outcomes and strategies/activities. Activities are things the child may work on and strategies are more for the family.

Jan Entrekin asked Adrienne's opinion on the new regulations regarding natural environments. Jan explained that during the NEC*TAS video conference on natural environments the question was raised about a family wanting their child served in an institution. The panel suggested finding out why the family wants this service. Adrienne said that family centered/directed has different meanings. The strongest definition says if the family wants center based services we should provide them. The next level says the family should direct service delivery, but they need information to help them make the best decisions. We don't know if families always make the best decisions. We need to provide information that says your child will probably do well in this setting, but research shows more progress is made in good inclusive settings. After families are given information it is still the family's choice. We need to help families understand that natural environments are very effective service settings. There are programs that operate with separate classrooms, no home visits, and therapy in clinics. These programs are the ones NEC*TAS comments were addressing regarding natural environments.

Adrienne discussed the IFSP process as having two main concepts; preparation and time to do problem solving. IFSP development should be a time to really problem solve how to integrate strategies into natural environments. This may be the only opportunity there is to get service providers together. Preparation is the way you get to the table to problem solve. The family and service providers need to understand their roles in the process. All the people who are important in the child's life should be included in the meeting and they should know why they are a part of the meeting. Setting the climate for the meeting helps the family realize their importance in the process. All members of the team need to have enough information to know where the child and family are. The first purpose of the IFSP meeting is to establish eligibility. After this, the plan is developed starting with the outcomes the family sets. The family may say they do not have any idea what they want. They may need guidance in determining what their family needs. A strategy may be to get more information for a family, then you can talk about services which will directly reflect outcomes. Most teams jump right into services without looking at what the real outcomes will be. We offer service options and of course the family wants everything that is offered. The first thing we should do is offer the family strategies they can use in the child's natural environment and then look more closely at the services we will provide.

Adrienne closed by mentioning the Early Intervention/Early Childhood Summer Institute in Williamsburg, Virginia. The institute is five days with a different speaker each day. A brochure can be mailed to anyone interesting in more information.

FY 99 proposals will be mailed to each team to review and sign the first week of June. Jan explained that she needs to be notified of purchases that will be made before the end of the current contract period. She needs to know what is being purchased and any out of state travel that will take place. Any money that is not spent will remain in the First Steps budget. Money can be moved from one area to another but it must be documented. Jan explained that we have to do a better job in the future of documenting expenditures. The Infant and Toddler Assessment Institute will be held August 12 - 14 at Eagle Ridge. Team members who did not attend the training in February will be invited as well as individual contract service providers.

The MSU team reported on their training that was conducted on April 29. They had approximately 50 people and expect to have a repeat of the workshop on June 20. The workshop featured a play based assessment demonstration.

Jan Brownlee reported that things were going well with the Tupelo Public School District Team. Susan Boone had been out sick, but is back and looking forward to getting things going again.

Patty Black reported that Dr. Griffin has left the MS Valley State team, but they will announce a new team member in the near future.

Valera Sample reported that the Holmes County team held a workshop for child care providers and service providers on May 28. Deborah Callaway and Beth Woodcock presented to approximately 45 people. There was a request for additional training.

The next Conversations will be held June 26 at 9:00 a.m.

TECHNICAL ASSISTANCE OPPORTUNITY
SPONSORED BY
PROJECT COACH OUTREACH

1-800-467-4488 (601)266-5114 fax sfair@ocean.st.usm.edu

In our discussions over the last several months there has been expressed interest in the university projects having a meeting relevant to student training issues. Some of the questions that were posed were:

> What competencies are important for students to obtain as part of their participation with our university infant/toddler project team?
>
> What level of training, i.e. prerequisites, should they have prior to participation?
>
> What outcomes should we track and measure?
>
> How does the practicum experience fit into ongoing training?

We are planning an IVN meeting to discuss these questions. These are important questions and you would want to include your department chairs and other university decision-makers in this meeting.

If you are interested in participating in this meeting on student training, check with your colleagues and pick your top three choices of a meeting time. Please email, phone or fax your response to Stella Fair. At that point we will confirm the availability of all the sites and pick the best time. Based upon our availability at USM, we offer the following possible dates in June.

> Monday, June 8, 15, or 22 from 2 - 3:30
>
> Wednesday, June 3, 10, or 17 from 9 -10:30 or from 2 - 3:30

Stella Fair, Ph.D.
Director, Project Coach Outreach

Conversations
about infants and toddlers with special needs

An Interactive Video Network Discussion Group
Sponsored by Project Coach Outreach

Friday, June 26
9:00-10:30

Linked Sites: ETV classroom at Jackson, Community College Network Classrooms at Goodman (Holmes) & Wesson (Co-Lin); IVN classrooms at UM/Tupelo at Itawamba CC, USM/Hattiesburg, MS Valley/Itta Bena, UM/Oxford and MSU/Starkville,

AGENDA

I. Welcome: Stella Fair

II. Update and announcements from MS Early Intervention : Jan Entrekin

III. FY '99 Team Project Overviews

IV. Upcoming Training Opportunities: Stella Fair

Hilton Head Summer Institute, July 9 - 11 Hilton Head, South Carolina, Contact: Nancy Gordon (828) 432-0065
Parent Partners Annual Conference, July 31 - August 1 Harvey Suites, Jackson, 1-800-366-5707
CDR's Early Intervention Summer Institute, August 3 - 7 Williamsburg, Virginia. Contact: Lisa McKean (757) 566-3300
Infant/Toddler Assessment Institute, August 12 - 14 Eagle Ridge, Raymond. Contact: Jan Entrekin 960-7427

V. Nancy Batson, Project Director, Mississippi Services for Children and Young Adults with Deaf-Blindness. Integrating Critical Skills Into Functional Total Activities

VI. Next Meeting: July 31, 9:00 - 10:30 Linda Kjerland - Project Dakota

CONVERSATIONS

about infants and toddlers with special needs
June 26, 1998
9:00 a.m. - 10:30 a.m.
Sponsored by Project Coach

Facilitator:
Stella Fair

Participants:
Deborah Callaway
S. L. Ansah
Patty Black
Raymond Alexander
Gary Mooers
Anne Bomba
Connie Clay
Beth Woodcock
Carlen Henington
Carrie Turner
Denise Benoit
Sue Hale
Michelle Masterson
Anzette Thomas
Valara Sample
Janie Cirlot New
Terri Daniels
Mit Arnold
Jan Entrekin
Michelle Fountain

The monthly interactive video network meeting for the university and school district infant/toddler projects was held June 26, 1998. Stella welcomed everyone and opened the meeting with introductions. Teams represented were Dreamcatchers, Holmes County School District, MSU, MS Valley State, Ole Miss, USM and Hattiesburg Public School District.

Jan Entrekin reported that she is waiting for final approval on the FY '99 contracts. She is hoping to have approval by June 29. Jan announced she will be leaving First Steps on July 17. She will be doing some contract work and spending time at home with her daughter.

Terri Daniels reported on the USM team, UNITES. They are working on a collaborative effort with Forrest General Hospital for a pediatric facility for rehab and evaluation. They will hold a Grand Opening the first part of August. The facility will be used two and a half days a week by UNITES to provide students training and assessment. The hospital will use the facility the other two and a half days for rehabilitation services. They are currently identifying students and families to work within the setting. They are currently using typically

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developing children for assessments. Stella shared information on a similar program in Mobile. She will provide Terri with more information on the program.

Terri also shared information from the Hattiesburg Public School District team. Two school districts are working together to bring in national speakers October 28 and 29 for a workshop on Sensory Integration. The workshop will be held at the Hattiesburg Convention Center and will feature Janet Glasser, SLP and Nancy Rochman, OT. There will also be a training session in February with Sharon Cooper on providing intervention services in abusive situations.

Valara Sample reported on the parent training session that the Holmes County School District team had conducted. There were a number of child care providers, but no parents at the session. The child care providers suggested that they continue with their assessments and try to inform more people about what they are doing. They plan to conduct more workshops and offer information from PTs, OTs, and SLPs for child care providers.

Deborah Callaway explained that her team has lost two members and gained two new ones. Michelle Morris is the new speech language pathologist and has blended in well with the team. The team was unsuccessful in finding an OT, but found a PT with valuable experience. Leigh Robertson, RPT works with the team 32 hours a week. A large number of the infants and toddlers the team serves have motor needs and having two PTs is working well. Leigh has provided training in the past and will be an asset to the team. Dreamcatchers' goal for the new grant year is to use more sensory integration in their therapy. Deborah explained how the team is now comprised of four early interventionist with degrees in child development. The team was providing evaluations, but no direct services. The team uses the consultative model to provide services to children in homes and child care centers. They have seen some success, but still have difficulties working with families on embedding skills in routines when the families may not have real routines. Adrienne Frank has worked with the team recently helping them solve some of the problems they face everyday.

Deborah provided information on a workshop to be held in Little Rock, October 8 - 10. The workshop is entitled *Evaluation & Treatment of Sensory Processing Disorders* and the number to register by phone is 1-888-287-3239. The team is sending four individuals to the training, and discounts are offered for five or more. Anyone wishing to sign up to attend with the Dreamcatchers team should contact Deborah at 366-0649.

Carrie Turner said the first year for JSU had been interesting and they had learned a great deal. The team plan had to be modified, but the team is now in place. They have conducted some practice sessions and are ready to begin evaluations. Nancy Freeman, the social worker on the team, who also serves as the interventionist will be leaving. The team is very involved with students and have five who are currently working in the office. JSU plans to place students in agencies to help them gain first hand knowledge. Each team member brings a student to each assessment that is conducted. The team has also presented mini-workshops for child care providers and will be doing more in the future. Jan Entrekin mentioned the Communicative Disorders Center that JSU is opening in the Universities Center.

MS Valley State is currently reworking their team. Patty Black is the new team leader and a Field Supervisor position has been added to the grant. The team is planning to do more faculty training to ensure that interventionists are trained in best practices. MS Valley State is working with the local hospital and school district for training space and sites for intervention. They are looking forward to getting things moving in the new year.

Carlen Henington said the MSU team is in the process of preforming a self evaluation and deciding where they are going next. Adrienne Frank provided technical assistance to the team and suggested they provide parents with packets (little tote bags) of information on activities and child development. They are planning to implement the packets in the near future and will send them home with the child after assessments or IFSPs. The team provided training to 50 child care providers on Saturday, June 20. They are increasing student training and expanding their services.

Stella discussed upcoming training opportunities. The Infant/Toddler Institute will be held August 12 - 14 at Eagle Ridge. It will be open for university and school team members who haven't participated. Other training opportunities and the contact numbers mentioned were:

Hilton Head Summer Institute
July 9 - 11
Nancy Gordon (828) 432-0065

Parent Partners Annual Conference
July 31 - August 1
1-800-366-5707

CDR Early Intervention Summer Institute
August 3 - 7
Lisa McKean (757) 566-3300

Stella introduced Nancy Batson, Project Director of Mississippi Services for Children and Young Adults with Deaf-Blindness. Nancy explained that she works with all age children, and her handouts are used with a variety of professionals; therefore, there may be references that are not appropriate for infants and toddlers. She also explained that early interventionists have to be thinking ahead to the time when the child will leave early intervention and enter a new phase of education. Nancy asked that we think back to the first thing we did that morning and the critical skills we needed to do whatever we did. We forget that these skills were learned and that children need to be taught critical skills in order to function in their world. We have to keep in mind that all families have routines. They may not be what we expect, but they have routines. When we use a developmental checklist for children who are severely delayed, we can not see how the child is actually functioning. When we use a ecological approach, the child's functioning and strengths are evident. By keeping this in mind, we can see that no child is too severely involved to participate in activities.

Nancy referred to her handouts as she discussed the importance of doing things that are appropriate for the chronological age of the child (as well as the development of the child). A developmental checklist will show where the child is, but it doesn't help plan activities the child will benefit from. Skills should be worked on in a variety of environments, wherever the child goes and the skills should be meaningful. Infants and toddlers are dependent on the adults in their world, but interventions should have a goal to make the child as independent as possible. Young children will show us their desires and preferences with their

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body language and verbal skills. Using a play based assessment will help us determine what the child is actually doing and will give us strengths to build on . Our intervention should always be based on what the family needs are no matter what the age of the child.

The skills we work on with children should promote interaction with peers. In order to do this, we have to know what typical peers are doing and enjoying. Often when severely involved children are included in group settings, the child with disabilities does not participate in the group activity. The goal should be to have the child participating to the greatest degree possible. A child can be involved in any activity that typical children are involved in with the right supports.

Basic day-to-day routines must be identified. Everyone has basic routines such as eating and sleeping. When you think about feeding a child what are the basic skills that are necessary? Posture and communication are both important to eating. A child has to be in the best position to eat and he has to communicate that he is hungry. Stella mentioned that a chart could be used to monitor how often you practice the critical skill within routines. Nancy agreed with Stella's comment and indicated self-monitoring of practice is valuable information. Building on natural opportunities you will find there are critical skills for all routines times such as nap and changing times. We must value what the family's needs are and help the next service providers who works with the family to understand this point as well.

We often focus on what the child can't do, but instead we should build on the skills the child actually has. Skills should be taught in natural environments with support given to the service provider.

Nancy said her grant that had just ended was based on mentoring providers, but that she felt it was not successful due to the turnover of providers. Everyone agreed that turnover of staff is a problem we all encounter. Because of this she was unsure how to get the word out to them about using routines to teach critical skills.

Stella opened the floor for questions, and it was asked if we sometimes give parents false hopes for their child. Nancy emphasized that every child has skills and every child can be included with typical peers. The child can participate to some degree and typical peers are very beneficial for the child who is severely

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involved. If children are isolated and are not allowed to interact in the natural environment, practitioners tend to use interventions which rely on checklists instead of on critical skills which would occur in the natural environment. Janie emphasized the fact that communication is from birth throughout life, and sometimes people don't understand what they are trying to teach. We have to help them look at strengths and understand how to teach a child based on their strengths.

Stella challenged everyone to think of a child who has a severe disability and to choose one activity that child may perform such as eating, going to the store, or taking a bath. Using that activity, think of all the critical skills that the child could do or practice during the activity. Using the same child, take one toy and think of all the things the child could do with that toy. Again list all the skills that are being practiced with the toy. We would like for you to share your activity and skills. We will share these on our web site giving each person credit for their submission.

Mit Arnold reported that the Ole Miss team will be focusing on children with mothers who are experiencing problems such as abuse and neglect. The team will be doing home-based team assessments this coming year rather than arena assessments at the university. The students at Ole Miss are exposed to arena assessments in other programs within the institution, but there is no exposure to home-based assessments. Doctoral students are involved in the assessment process, and Mit is preparing to train Master's level students in the future.

The next interactive video conference will be held July 31 from 9:00 a.m. until 10:30 a.m. The guest speaker for this session will be Linda Kjerland from Project Dakota. She will be discussing critical steps in forming partnerships with families and sharing a method of deriving common ground between families and staff. Linda welcomes questions and comments in advance. Questions and comments may be emailed to Linda at lkk@lifeworks.org or Stella at sfair@ocean.st.usm.edu. Please be sure to confirm this date and your preferred location with Stella (FAX: 266-5114 or phone 1-800-264-4488 or sfair@ocean.st.usm.edu).

Tailor Made Early Intervention
Training and Consultation Services

Project Dakota Outreach

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Eagan, MN 55121
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Mississippi Early Intervention
Teleconference July 31, 1998

Linda Kjerland, Director
Project Dakota

FACILITATING GREAT MOMENTS IN EI TEAMWORK: POWER BALANCING AMONG FAMILIES AND STAFF TO NURTURE FAMILIES AND PROFESSIONALISM

Project Dakota Teleconference Handouts

1. Essential Features Checklist: Training and TA Planner
2. How Are We Doing and What's Important Now
3. Content Outline and Guidance for Dev. Assessment Reports

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CONVERSATIONS

about infants and toddlers with special needs
July 31, 1998
9:00 a.m. - 10:30 a.m.
Sponsored by Project Coach

Facilitator:
Stella Fair

Guest Presenter:
Linda Kjerland, Project Dakota

Participants:
Jeff Kresge
S. L. Ansah
Patty Black
Mit Arnold
Anne Bomba
Cassandra Allen
Annie Lowery
Valera Sample
Connie Clay
Margie Cox
Jan Brownlee
Carrie Turner
Gary Mooers
Jan Cooper Taylor
Susan Boone
Jackie Hawkins
Sophia Tiggs
Anzette Thomas

The monthly interactive video network meeting for the university and school district infant/toddler projects was held July 31, 1998. Stella welcomed everyone and opened the meeting with introductions. Teams represented were Holmes County School District, MSU, MS Valley State, Ole Miss, USM, McDougal Center, and JSU.

Margie Cox reported on the USM team, UNITES. The team has completed six evaluations and actively involved six students from a variety of disciplines. The team is scheduled to hold a screening clinic on August 4, and the MS Valley State team will be observing. Mit Arnold was interested in knowing what screening instruments the team is using. Margie was not familiar with the instruments, but would get the information from Terri Daniels to share with other teams.

Jan Cooper Taylor reported on the MSU team. The team has completed a number of evaluations, and they are proud of the fact that a student served as play facilitator during one of the assessments. The team is also developing materials for families to take home after the assessment. The items are usually for the child, and materials are gathered later for the family based on their individual needs. Jeff Kresge was interested in knowing what instruments the team is using. Stella suggested each team share the instruments they are using with the other teams. She suggested using the critique form used at the infant/toddler assessment institute. The MSU team is experimenting with different roles and cycling the play facilitator position. They are also trying to be more open with their parent conversations.

Mit Arnold reported on the Ole Miss team. The team conducted an assessment in the home of a child evaluated at the Boling Center. The team did not see the delays the Boling Center team had reported. Mit felt this was a direct result of assessing the child in the natural environment.

Sophia Tiggs reported on the Holmes County School District team. The team has evaluations scheduled for August 18. They are also working on public awareness every Friday. Stella mentioned a program in Holmes County that has been funded to evaluate the system and develop strategies to ensure all children with developmental disabilities are receiving supports and services.

Jan Brownlee reported the program in Tupelo has changed the fiscal agent from Tupelo Public Schools to Region III Mental Health. Jan is working to get contracts signed to get an assessment team in place.

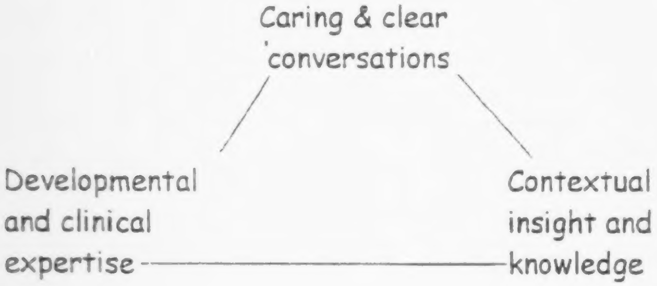
Patty Black reported the MS Valley State team received training on the Battelle. They are working to ensure all team members have the same knowledge base. Three members of the MS Valley State team will observe the screening clinic at USM on August 4.

Cassandra Allen reported from the First Steps office that Part C is moving toward serving children at-risk. Policy is not yet developed on how this will work. First Steps has also received their funding letter, and funding was awarded for the next five years. Cassandra will answer questions from the university and school projects until Jan Entrekin's position is filled.

Stella called attention to the training opportunities mentioned on the agenda. She also mentioned the sensory integration workshops scheduled for October. *Evaluation & Treatment of Sensory Processing* will be held in Little Rock on

October 8 - 10. Deborah Callaway can be reached at 366-0649 for additional information. The Hattiesburg Public School District team will sponsor a workshop on sensory integration on October 28 and 29 in Hattiesburg. Terri Daniels can be reached at 266-5163 for information on this workshop. Stella also announced an autism conference to be held November 5 - 6. The conference will be sponsored by a number of state agencies and will be held in Jackson.

Stella introduced Linda Kjerland, Project Director of Project Dakota. Linda expressed her excitement about being able to network with professionals from the state. She explained that Project Dakota has been around for 15 years and has worked in 30 states. As a result, she was familiar with many of the issues we are facing as we establish the early intervention system, such as professionals changing positions. Margie expressed concerns about some of the home environments that are not conducive to conducting assessments. Linda said this was a common concern, and shared her three levels of skill demands on early interventionists using the following diagram.


Caring & clear conversations
Developmental and clinical expertise
Contextual insight and knowledge

The first challenge is to have caring and clear conversations when it may be difficult to be present and focused in the middle of everything that is going on in the environment. The developmental and clinical expertise piece says we need to know typical development to know what we are observing. The third area is having the contextual insight and knowledge to know your comfort level with the child's natural environment and knowing the community well enough to know where there is a space that will be comfortable for the family and the staff. Each staff member will have different comfort levels for communicating with families, this is why it is important for two or more core team members to be present to give each other support. Some staff may be comfortable in a rural setting with lots of people coming and going, and another may be great with teen parents. As a team, staff can be matched to a family better.

There are three points in the assessment process that need to be addressed for team members to understand how to support each other. The first one is the opening conversation with a family. Teams should have a method of gaining information from families on their priorities. Margie shared that Stella had developed an excellent 10 point question interview for parents, and she used that kind of format to gather information from families on concerns. Margie added their team is relatively new and highly skilled, but there are still areas they feel uncomfortable with. She also discussed the fact that often the team feels the conversation has been clear, and after talking with the family they realize this is not true. Linda explained how important it is to pick up on what parents say early on so we can be sure that we address their concerns throughout the process. We often try to make intervention fit within daily routines, but it might be better to try and make them fit into what is practical. Daily routines seem to be lost in our culture, and it might be better to look at what is important and practical within families' daily lives.

Linda referred to her handout, "Family Resources, Concerns and Priorities," to explain how important it is to ask families open ended questions and provide them with a checklist of service options. The left side of the form presents parents with prompts to help them tell about their child and family. The right side gives parents a checklist of things they can receive help with, and gives them options they may not have even thought about. The checklist serves as a safeguard to ensure families' needs are addressed. Linda discussed the information on the form, and explained how it gives the family the opportunity to relate what they are willing to share. The information may be a lot, because there are few stresses at that time or, it may be a little because they (the parents) are testing just how responsive the staff actually will be. The information provides early indications of what the family's needs are. The form works best with one or two team members rather than the entire team and helps to make sure the assessment is organized around them. Dr. Ansah asked if the family responds to the form in writing or at the evaluation. Linda answered that sometimes you can give it to the family ahead of time, but for most families you will need to do it with them. By meeting with the family, the answers are recorded for the family, and their energy is used answering, not writing. The form becomes the family's story, and can be shared with the team prior to the assessment. The team then uses the information to design the evaluation to fit the family's situation.

Linda referred to her handout, "Tailoring My Child's Assessment," to explain how important it is for families to know what we are going to do with the information we have gathered from them. This explains how to take the family's story and translate it into an assessment plan. The top of the form pulls in information we have already gathered and helps us recall what the family's concerns are. The section on what to look for in the evaluation helps us to target three things to look at during the evaluation such as floor play, eating, and using equipment. This is always adapted to the individual child, and could involve bringing in equipment such as the child's stroller to help look at seating position. The assessment process should include situations that are critical to observe and learn from together.

Linda asked if we were using standardized testing in the state for initial assessment. Stella explained that standardized testing is necessary in some situations, but it is not what is being recommended as a singular measure. Jeff explained we are moving away from the Battelle, and his district is just getting in a position to have professionals going into homes rather than always bringing children into centers for evaluations.

Linda continued her discussion of the handout by explaining that the form "Tailoring My Child's Assessment" is filled out initially by the family and a team member and is brought back to the assessment team partly filled out for their input. There may be a team member who has expertise dealing with sensory integration issues and can pass on good ideas for designing the assessment process. This form is then placed on the wall as a reminder to the team and the family during the assessment. Dr. Ansah asked for clarification on what should be in the section labeled "What to look for in the assessment". Linda explained it might be the top three priorities for the family about the child, such as why is Becky so uncomfortable with things close to her body, such as clothing and food. The "How To's" might include a dress up game with a variety of textures while she is being assessed. We have been trained to think assessment is asking for a specific task and you write down if the child responds or not. Another part to assessment is looking at experimenting with the family to see what will happen if we try this or this. This allows families to see professionals try different things and this gives them freedom to do the same. When we ask professionals to work separately isolating their domain, it fosters the thinking that each one has to be an "expert" in their own field. When we think of the assessment, the IFSP, and the intervention that takes place afterwards as a team effort, that is where the real power is for working with children and families - the cross fertilization of everyone's thinking.

Linda explained the most helpful practice for encouraging the team to think outside their own domains was when they used the form "How We Are Doing - And What Is Important Now". This form is used right after the assessment has been completed. It is replicated on large paper and put on the wall, a bulletin board or TV. The family is asked what did they see their child do that was really neat. It may not be something that was seen during the assessment, but something the family has seen at home. Some families have difficulty with this and may need encouragement or examples. After the family has had an opportunity to respond, the staff does what Linda calls affirmation and elaboration. This is a record of conversation between family and staff, and it gives families the chance to have their comments recognized and appreciated. The family's and staff's actual comments are recorded. After this is completed, the conversation turns to concerns. The conversation should only take about 15 to 20 minutes, and then the family should be asked their most important priorities. This gives important information to help build outcomes. Talking about development together helps professionals get out of their box and think about all areas. A team member is recording information in a narrative form during this conversation. It is also copied right onto the form so an 8" x 11" copy can go the family right away and staff have one as well. A short informal report is written from the "How We Are Doing - And What Is Important Now" form. This informal report is attached to the IFSP, as well as the final assessment report. The content outline and guidance for the complete developmental assessment report is the full written report (copy is attached with notes).

Carrie Turner asked for suggestions on how to get professionals working across domains. Linda said getting professionals to complete "How Are We Doing" was the most important piece of the process. Transdisciplinary assessment allowed each person to have the opportunity to observe other disciplines and learn from them. Professionals have to understand that their domain is important, but if the areas are not integrated the impact is not the same for children. Families have always been transdisciplinary and have had to integrate information from each discipline. When the staff begins to act as a transdisciplinary team, we are giving families a break and understanding what they have been going through. For transdisciplinary teaming to work, the program team leader must be a good role model and reinforce team members sharing knowledge with one another. For example, ask an SLP and PT to talk together about how their two areas are influencing the child. Have them talk about how movement influences vocalization, or ask how social interaction influences the child's willingness to challenge herself physcially.

Jan Cooper Taylor explained they do not have formal times to teach each other, but they have time before assessments to share information. The most valuable time they have together is the time writing the report. It takes a great deal of effort to make the report family friendly. Linda explained that trying to make things family friendly was the reason they developed two forms. The information is important to the family, but professionals need good developmental information as well. During the assessment, one person is doing the assessment and the other team members are writing notes in all areas of development. All the notes are given to one person who attempts to write a complete developmental report. The report is given to each team member for editing. The report is then given to the family for their editing. Having one person write the report saves time and speeds the entire process up. Margie commented the USM team was struggling with having one person write the report. She asked how long it took to write the report. Linda explained their reports are about four pages, and that if a person doesn't feel comfortable with an area they can leave it blank.

Linda explained Project Dakota will be ending soon, and she is willing to share any information they have gathered. She can be reached at (612) 454-2732 or E-mail lkk@lifeworks.org.

The next interactive video conference will be held September 25 from 9:00 a.m. until 10:30 a.m. Please be sure to confirm this date and your preferred location with Stella (FAX: 266-5114 or phone 1-800-467-4488 or E-mail sfair@ocean.st.usm.edu).

Conversations
about infants and toddlers with special needs

An Interactive Video Network Discussion Group
Sponsored by Project Coach Outreach

Friday, September 25
9:00-10:30

Possible Linked Sites: Community College Network classrooms at Jackson, Wesson (Co-Lin) and Goodman (Holmes); IVN classrooms at UM/Tupelo at Itawamba CC, UM/Oxford, USM/Hattiesburg, MS Valley/Itta Bena, and MSU/Starkville, St. Paul, MN.

AGENDA

I. Welcome: Stella

II. Update and announcements from MS Early Intervention: Catherine Slaughter

III. Upcoming training opportunities: Stella

Typical/Atypical Child Development Workshop, Oct. 8-9, Hattieburg
MS Early Childhood Association Conference, Oct. 15-16, Jackson
Sensory Integration Workshop, Oct. 28-29, Hattiesburg
CEC Conference, Nov. 2-3, Jackson
Autism Conference, Nov. 5-6, Jackson
NAEYC Conference, Nov. 12-13, Toronto
Zero to Three Training Conference, Dec. 3-5, Washington, D.C.
International DEC Conference, Dec. 6-9, Chicago

IV. Facilitating Great Moments in EI Teamwork, Part 2
Linda Kjerland, Project Dakota, Eagan, MN

V. Next meeting: October 23

CONVERSATIONS

about infants and toddlers with special needs
September 25, 1998
9:00 a.m. - 10:30 a.m.
Sponsored by Project Coach

Facilitator:	**Guest Presenter:**
Stella Fair	Linda Kjerland, Project Dakota

Participants:

Terri Daniels
Patty Black
Mit Arnold
Catherine Slaughter
Jackie Hawkins
Joyce Keller
Larry Cox
Sam Givhan
Jill Ethridge
Connie Clay

Jan Brownlee
Carl Brown
Jan Cooper Taylor
Helen Eaves
Sophia Tiggs
Marsha Vance
Janice Brown
Carlen Henington
S.L. Ansah

The monthly interactive video network meeting for the university and school district infant/toddler projects was held September 25, 1998. Stella welcomed everyone and opened the meeting with introductions. Teams represented were Holmes County School District, MSU, MS Valley State, Ole Miss, USM, McDougal Center, Brookhaven School District, and JSU.

Catherine Slaughter has taken Jan Entrekin's position with the Health Department. Catherine has visited with the assessment teams at MSU and McDougal Center. She is planning to visit the USM team in October.

Joyce Keller from the Hattiesburg Public School team announced the sensory integration workshop to be held October 28 and 29. The workshop is sponsored by the Hattiesburg Public School District team. Registration will be open for the workshop after October 7. To receive a brochure call Mo Conville at 582-0251. There is a $25 registration fee and CEUs will be offered for SLPs, PTs, and OTs.

Terri Daniels reported the USM team, UNITES, has opened a clinic in conjunction with Forrest General Hospital. They have completed approximately 10 assessments and 10 developmental screenings. They are conducting assessments in homes, the clinic or child care. The target area of service is the parts of District VIII where there is limited accessibility to assessment teams. Preservice training is a focus of the team and they are working with eight students at the present time.

Jan Brownlee reported the McDougal Center has contracted with Linda Davis, SLP and Rhonda Eleby, OT to complete the team. They have completed eight evaluations and have five to schedule. They are providing services in homes.

The Brookhaven team was welcomed to the video conference for the first time.

Patty Black reported MS Valley State has acquired an observation room and will be setting up to begin screenings.

The MSU State team has established routine assessment and team days and feels their process is going well. They have had a number of students observing.

Stella announced the upcoming training opportunities from the agenda. The NAEYC Conference dates listed on the agenda were corrected to be November 19 - 21. The Mississippi School Psychologists Conference will be held November 12 - 13 in Philadelphia, MS.

Stella introduced the guest presenter, Linda Kjerland. Linda was guest presenter for Conversations on July 31. Stella shared that UNITES has used the Family Resources, Concerns and Priorities form that Linda shared during the last video conference. The form was enlarged and will be used by the team to discuss the information from the initial home visit interview. The team really liked the form and felt it was beneficial.

Linda continued her discussion of the flow of events from assessment to IFSP development from the previous meeting. The sequence of events is set up to help parents and professionals succeed. The process of listing a family's concerns, priorities, and resources is a reminder to always include the family. The step of gathering information from families is the foundation for the entire process of early intervention. Linda asked how the Mississippi teams were gathering the information. MSU felt it was occurring with their team both during the assessment and before. Helen explained the service coordinator does an intake before the assessment so the team knows what the family's concerns are before the assessment. The USM team has been completing this information primarily through a home visit from Margie Co, MSW, and students, but they have included Linda's form and like it. Sam mentioned that sometimes they are not aware of the family resources and situation prior to the assessment. He agreed it is important to know the resources earlier in the process.

Linda referred to the " Family Resources, Concerns, and Priorities" form to show how the process works together. The collection of data should be two fold, first open ended to gather information and then the checklist which gives parents a range of available services. Linda explained since in Mississippi the person collecting information from the family might not be the person actually doing the assessment, it is important that the information collected be communicated well and in order for it to be woven into the assessment.

The "Tailoring My Child's Assessment" form enables the assessment team to design the assessment for the individual child. The service coordinator may collect the information, but it is important to get it to the assessment team. This gives the team things to be looking for during the evaluation and helps the family see that the information they shared is being used. This form has two primary steps to it, one is to walk through some play situations to see what the family's concerns are and the other is to share information with the team members to allow them to make suggestions on props, approaches and things to look for during the assessment.

MSU is interested in starting to use Linda's forms to help them better meet a family's needs, but they felt it will be difficult to implement since they have limited opportunities to meet with the families they serve. Linda suggested that one of the evaluators join the service coordinator for the intake or let one evaluator go out ahead of the team to prepare the family. She also suggested using travel time to prepare for the assessment. The feedback Linda has received from families is that being well prepared helps them feel very respected by the team and helps to make the experience more meaningful for them.

Joyce Keller from Hattiesburg explained their team is doing some gathering of information, and by the time they finish their assessment they have seen the child and family at least three times. The Hattiesburg team is asking for the family's concerns, but they are interested in utilizing Linda's forms. Linda suggested when using the "Tailoring My Child's Assessment" form to have professionals add what they will be looking for in a different color ink. For example, when looking at playing with dolls the team might also be looking at bilateral hand skills. (See handouts) This helps parents to see their concerns are important to the team, and that there additional pieces that will be looked at to give more insight into the child's development. It is important to ask the family if it is all right for the team to be looking at some other things as well. This helps families to understand that assessment is a team process. Professionals need to understand the way families feel. Linda said she had a father tell her that the assessment might be the team 500th, but it was their first, and they would always remember it. The experience a family has will stay with them for a lifetime. Another example of the need for family permission was when the team was looking at the child's frustration tolerance. In such a case certainly the family's understanding would be needed if the team purposefully tried to give the child very challenging tasks..

Linda said she appreciated the way assessment reports were being written in Mississippi. She felt they were very family friendly and non threatening. Linda recommended the "How We Are Doing - And What Is Important Now" form to help families and teams to be sure they are on common ground before beginning to write the plan. This description is written with each team member sharing information they observed during the assessment. This form would be completed right after the assessment. It is very informal and is recorded on a large sheet of paper so everyone in the room can see it. Professionals can use affirmation and elaboration to agree with what the parent has said and add information about the child. This helps the family feel comfortable sharing information. There is also a section to record concerns, worries, and frustrations. The section documents that all areas of development are included during the discussion. The final section Conclusions/Priorities helps parents to integrate the information they have learned from the assessment to help set priorities.

Terri reported they often spend a large amount of time during the assessment and do not always have time to write the IFSP. Linda said their assessments usually last 1½ to 2 hours, and often the team may not feel they have enough information to make a decision about a developmental area. It may be written in the IFSP to observe the child over time. Teams who do not provide direct services would not have this as an option for them, but could do this through the providers. The USM team is committed to finding a way to address parents' concerns at the assessment. The MSU team has stopped separating the assessment and the informing stage. The team had been leaving the room to talk as a team, but now they go immediately into the discussion with the family. Linda explained that when the team leave the room it is stressful for families. It is good for families to see professionals work through discussion about the child. Sam expressed concerns about whether it is all right to tell parents when you are puzzled about something and don't really know what is going on. Linda suggested calling it to the parent's attention and explaining concerns so they can get further information.

Stella asked if there is a lot of change from what parents earlier concerns are to what they express on "How Are We Doing?" Linda said there is probably a 15 to 30% alternation, but what really happens is concerns become integrated in a different way. The piece becomes deeper rather than throwing it out. For example, a family said they wanted to be able to go camping but what it came down to was being able to use a double stroller for a child with special needs and a sibling. The outcome tends to become more functional rather than having one outcome for each developmental domain. Linda referred to the "Desired Changes/Outcome" form to illustrate how functional the outcomes were for Becky. The first outcome flows naturally into a functional outcome that is easily measured by the family. The second outcome is to help Becky feel better about herself as a result of positive redirection.

The MSU team is interesting in working out the logistics to be able to use the forms Linda shared. Stella suggested taking Becky and transferring her outcomes to Mississippi's IFSP form. Linda said she thought it would be a good idea because she likes the state IFSP form. She suggested using the "Concerns, Resources, and Priorities" and "Tailoring My Child's Assessment" with the current IFSP form. Stella explained the IFSP is kept simple so different service providers could attach different forms.

Linda expressed that when the only contact you have with a child may be the assessment, it puts a lot of pressure on a team to do a good job with report writing. Stella has materials from Linda that she is willing to share with the local teams.

The next meeting will be October 23, 1998. The featured speaker is Stephanie Hudson, an early interventionist and national outreach trainer that has worked a great deal in rural areas. The focus of the session will be on addressing mental health concerns in assessment and intervention. Stephanie will be visiting Mississippi the week of the 23rd. This should be a very thought provoking session!

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Sensory Integration Workshop, Oct. 28-29, Hattiesburg
CEC Conference, Nov. 2-3, Jackson
Autism Conference, Nov. 5-6, Jackson
NAEYC Conference, Nov. 19-21, Toronto
Zero to Three Training Conference, Dec. 3-5, Washington, D.C.
International DEC Conference, Dec. 6-9, Chicago

IV. Integrating Infant Mental Health Consultation in Early Intervention Services
Stephanie Hudson, STAIRS Project

V. Next meeting: December 18

CONVERSATIONS

about infants and toddlers with special needs
October 23, 1998
9:00 a.m. - 10:30 a.m.
Sponsored by Project Coach

Facilitator:
Stella Fair

Guest Presenter:
Stephanie Hudson, Project STAIRS

Participants:

Terri Daniels
Jan Cooper Taylor
Catherine Slaughter
Jackie Hawkins
Mildred Davis
Sam Givhan
Janie Cirlot-New
Kamme Vernon
Annie Lowery
Sally Burchfiel
Patty Black
Jan Entrekin
Roy Hart
Sophia Tiggs
Anne Bomba
Carlen Henington
S. L. Ansah
Julianna Troutman
Gary Mooers
Connie Clay

The monthly interactive video network meeting for the university and school district infant/toddler projects was held October 23, 1998. Stella welcomed everyone and opened the meeting with introductions. Teams represented were Holmes County School District, MSU, MS Valley State, Ole Miss, and USM.

Catherine Slaughter announced the Project Director's meeting to be held November 11 at Primos Northgate. For more information, Catherine can be reached at 576-7816.

Patty Black reported the MS Valley State Team would meet with Valerie Smith at the Health Department on Saturday to see how assessments are being conducted.

The MSU Team is continuing to do assessments. The students at MSU will begin conducting practice assessments on children from the Child Development and Family Studies Center. Jan Cooper Taylor expressed how important the video taping of the assessment had been for their team. They have assessed a number of children who have scattered abilities and reviewing the tape helped make the report writing process easier for the team.

The Ole Miss team is traveling and doing assessments in homes. They have also had several challenging children recently. The team realizes the importance of video taping, but feel it may be too intrusive for families.

Stella announced upcoming training opportunities. The Sensory Integration Workshop in Hattiesburg will be October 28 and 29. CEC will be held November 2 and 3 in Jackson. ASHA will be November 19 - 21 in San Antonio. The Mississippi Association for School Psychology Conference will be in Tunica on November 12 and 13. The Autism Conference will be November 5 and 6 at the Crowne Plaza in Jackson. The Early Intervention Resource Fair will on November 5 in Greenwood. Applying Brain Research to the Early Childhood Environment will be November 7 at locations across the state. This is the second piece to the training Cathy Grace has coordinated with the Phil Hardin Foundation. The District VIII ICC will be sponsoring a workshop on December 2 on the new brain research. Sally Burchfiel mentioned the Department of Mental Health has established a steering committee to develop a curriculum on autism which will be presented at Boswell in early December. Stella also reminded everyone of the dates for NAEYC, November 19 - 21 in Toronto; Zero to Three, December 3 -5 in Washington, D.C.; and DEC, December 6 - 9 in Chicago.

Stella introduced Stephanie Hudson from Kansas UAP. Stephanie has worked in the Mississippi on Project STAIRS to encourage preschool inclusion. She has worked in early intervention in California, Michigan, and Alaska. The topic of discussion for the day was "Integrating Infant Mental Health Consultation in Early Intervention Services."

Stella asked each person to think of a family they had worked with and then think of a song that described the family or the feeling you had when working with them. MSU's song was "We Shall Overcome" because it showed the family's commitment to their child. MS Valley State's song was "The Theme from the Beverly Hillbillies" because the family had a number of challenges and each child in the family required services. This exercise illustrated how each family is unique and we feel differently about each one. These feelings help us to form the partnership or dance necessary for successful early intervention services.

Each person was asked to write down a few words that come to mind when they hear mental health consultation in early intervention. Some of the words shared were coping, support, and compassion.

Stephanie explained that the University of Kansas has done a great deal of research in working with families throughout the lifespan and she personally has a lot of experience in early intervention. Her experience in San Francisco centered around a number of high risk and culturally diverse families. The experience in Alaska was different in that she was flown in and left for a number of days to work in a rural area. This made it very important to know what materials you would need and how you could best support the families you were visiting in locating the available resources.

Stephanie discussed the aim of early childhood mental health. Early childhood mental health can be defined as a set of strategies and perspectives that promote the emotional and behavioral well being of families. It also helps families of young children address whatever barriers they face to ensure that their children's emotional well being is not comprised. Early childhood mental health also looks at expanding the competencies of non-familiar caregivers and others to promote emotional well-being. It also ensures that young children experiencing clearly atypical emotional and behavioral development and their families have access to needed services and supports. Sometimes getting families to the services or getting services to them is a difficult part of early intervention. The rural areas of Alaska are a good example of the expense associated with getting services for a child either by flying a family to a larger city or flying the interventionist into the family. San Francisco had a great number of resources available, but the number of children at risk exceeded the resources.

Stephanie asked everyone to think about why it is important for mental health to be a part of early intervention. Sam shared that mental health affects a family's ability to problem solve and to follow through on recommendations. If you do not deal with mental health issues, families are not likely to follow through with any recommendations that are made. Ram expressed his belief that a problem needs to be identified as early as possible to overcome it. Jan shared that looking at mental health is an important part of looking at the whole child. Often we tend to focus on speech or physical development because they are easily measured, but the climate of the family is important to the child's well-being. Stephanie agreed n and emphasized how important it is to understand that the family and child are one unit.

Stephanie discussed the five reasons why mental health consultation needs to be a part of early intervention services. First, mental health is an integral part of children's and families' developmental process. When you look at the whole picture, you will see how the child and family interact. The second reason is to be genuinely "family friendly" early intervention practitioners need to pay attention to the emotional experience of family members. We have not always done a good job with this in early intervention. The shift now is to look at the emotional well being of the entire family. Stephanie related a story of a family in Alaska whose 5th child had a rare syndrome. Before she visited the family, she researched the syndrome and learned as much as possible including the fact that the life expectancy was short. The syndrome resulted in deafness, blindness, cerebral palsy, mental retardation, cleft lip and palate, and physical abnormalities. The mother had researched the syndrome and told Stephanie, "I know he may never talk, he may never see, he will probably be mentally retarded, but I just don't want him to die." She explained from this example that this is an emotional experience that families have and it is important for us to understand it. Families have many emotional experiences and they don't always know how to share them. Parents want all the information and services early intervention can offer, but they also want to be understood as a person and be treated honestly.

Thirdly, we need to focus on family strengths without being ignorant of vulnerability or pain. We want to not only look at a family's strengths, but build on them. A mother who likes to keep lists may be called upon to keep a list of inappropriate behaviors and when they occur to help interventionists modify behavior. The fourth reason is there can be barriers to a family's effective use of the help offered by early intervention professionals due to complex attitudes, feelings, expectations, and behaviors. Stephanie related a story of a mother with paranoid schizophrenia. When she was on her medication things were fine, but when she wasn't it was a big barrier to any type of intervention, mental health or early.

Finally, developing a capacity for empathy allows us to help families who are living in extraordinarily difficult situations and facing multiple challenges. Early intervention is a very difficult job, but a mental health consultation approach is very helpful to keep in mind when working with families.

Stephanie shared a video clip on family systems theory by Dr. Ann Turnbull. The video compared the family centered system to a mobile - everything has to be balanced for it to work properly. Before the family centered approach, all the emphasis was on the child which made things difficult for other family members. The components of the family centered system are: family characteristics, family interactions, family functions, and family life cycle.

Stella asked for teams to share how they are getting information on family strengths. Terri shared that Margie Cox is the social worker on the UNITES team who gathers family information. She does this by an informal interview and an eco map. The eco map is a picture representation of the family system using circles and squares to represent all the components that are affecting the family. Margie assesses the situation and uses the method most comfortable for the family. Sally added that sometimes by asking families to identify their own strengths we empower them. This may be the first time they have ever had to think of their strengths.

Stella shared an article from the Journal of Early Intervention, Summer 1998, "Family Factors Associated with Externalizing Disorders in Preschoolers." The article is a review of 21 studies which show an important relationship between externalizing disorders and families who have at least one type of negative characteristic. Children with hyperactivity only had families with fewer negative characteristics than children with both hyperactivity and aggression. Family characteristics were significant predictors of behavior outcomes. Only study suggested that children's aggression resulted in poor family outcomes. One of the questions raised by the article was "What are the 'negative' family characteristics?" From the studies it was general family adversity and stress and maternal negativity, especially maternal depression. In answer to the question "What is my assessment role?", the studies show it is important to pay attention to hyperactivity that includes aggression and watch for families who have negative, stressful situations, especially maternal depression, feelings of less parenting competence, and negativity during interactions. The last question was "If this is found, what do we do?" The answer is to connect these families with parent education and support services, help them find effective ways of dealing with their child's challenging behaviors, and do not ignore these observations.

Terri shared that on February 19, Hattiesburg Public Schools will be having Dr. Sharon Cooper, Developmental Pediatrician specializing in Forensic Pediatrics from North Carolina for a workshop on how to recognize signs of depression and potential neglect in families. The workshop will be open state wide.

Terri expressed that she doesn't always feel comfortable addressing some problems, because she doesn't always have the necessary training. Stephanie explained that is where it is important to go back to the team, either assessment or intervention, and find someone who can deal with the problem. This is what makes teamwork and shifting on the IFSP so important. This gives an interventionist the option of saying to a parent, "I feel someone else on the team could work more effectively with your family at this time." It takes being comfortable on a team to be able to do this. The FACETS group from Kansas will be training Part C providers on activity based intervention which works with families using activities built into routines. Activity based intervention within daily routines is difficult to do with high risk families and there will be a lot of questions to answer.

Stella mentioned the video on Emotional/Social Development from Concept Media. The video discusses temperament and illustrates situations where there is a mismatch between a baby and a mother, such as a very active mother with a slow to warm up baby. The video is available from IDS, contact Stella if you are interested in viewing it.

Stephanie closed with the three main tasks for infant mental health in early intervention practice: a mental health evaluation should be part of any early intervention assessment; a mental health point of view should be part of the repertoire of early interventionists; and early intervention programs should offer infant mental health treatment or intervention. Stephanie explained that we do not have all the answers about mental health consultation, but we do know it is something we will be dealing with as we work with at risk families.

In closing, Stella mentioned the importance of universal precautions with all children. All toys should be cleaned after use with a 50/50 solution of bleach and water. This is for the protection of the children and the interventionists.

Please note Conversations will not be held in November. The next Conversations will be on December 18 with Dr. Toni Linder.

Conversations
about infants and toddlers with special needs

An Interactive Video Network Discussion Group
Sponsored by Project Coach Outreach

Wednesday, December 16
9:00-10:30

AGENDA

I. Welcome: Stella

II. Update and announcements from Early Intervention Teams:
  - Hattiesburg Public Schools
  - McDougal Center
  - Holmes County School District
  - Brookhaven Public Schools
  - Ole Miss
  - Mississippi Valley State
  - Jackson State University
  - Mississippi State University,
  - University of Southern Mississippi

III. Upcoming training opportunities: Stella
  - Brain Development Workshop, January 12, Jackson, UMC, (601) 957-0480.
  - The 6th Annual Conference on Autism and Deaf/Blindness, January 23 and 24, Clearwater Beach, (813) 974-4612.
  - Project Director's Meeting, January 31 - February 3, Washington, D.C.
  - The Infant and Early Childhood Training Course, *Assessment, Diagnosis and Intervention for Developmental and Emotional Disorders,* February 11 & 12, New Orleans, (301) 320-6360.
  - Southern Early Childhood Association, *Annual Conference,* March 24 - 27, Nashville, (501) 663-0353.

IV. Toni Linder, University of Denver

V. Next meeting: January 29

CONVERSATIONS

about infants and toddlers with special needs
December 16, 1998
9:00 a.m. - 10:30 a.m.
Sponsored by Project Coach

Facilitator:	**Guest Presenter:**
Stella Fair	Toni Linder

Participants:

Terri Daniels	Patty Black
Jan Cooper Taylor	Larry Cox
Carolyn Bacon	Marsha Vance
Jackie Hawkins	Valerie Smith
Kelly Covington	Carl Brown
Sam Givhan	Carlen Henington
Jane Siders	Beth Woodcock
Gus Schreiber	Deborah Callaway
Carrie Turner	Jodet Harris
Jan Brownlee	Joyce Keller
S. L. Ansah	Connie Clay

The monthly interactive video network meeting for the university and school infant/toddler projects was held December 16, 1998. Stella welcomed everyone and opened the meeting with introductions. Teams represented were MSU, MS Valley State, USM, Hattiesburg Public Schools, McDougal Center, Brookhaven Public Schools, Jackson State University and Dreamcatchers.

Joyce Keller reported the Hattiesburg public school team has been busy with assessments. They are making contacts for genetics testing for some of their children. They are planning a training conference for February 19 with Dr. Sharon Cooper on recognizing signs of depression and potential neglect in families. The conference date may have to be changed, but Joyce will share information as it becomes available.

Jan Brownlee reported she has an OT and SLP on her team. They are conducting evaluations in homes. She is also contracting with home health to provide intervention services. They are currently serving 23 children.

Stella asked each team to be thinking about interesting case studies to share for future Conversations. Jan Brownlee mentioned the assessments they have conducted on premature babies who have passed hearing screenings, but are auditorially unresponsive. She asked if anyone could share information on neurological development of premature infants. Terri said Theresa Bennett Pender had given her some information and she will share it.

Larry Cox reported the Brookhaven team has added a new SLP, Kelly Covington. Janice Brown suffered a heart attack on Thanksgiving day and will be returning to work after the Christmas holidays. The team has evaluated eight children birth to three and are currently serving three.

Carrie Turner shared that the JSU team is developing their educational components and should have materials to share in the future. The team has added a social worker and Dr. Jodet Harris is serving as team leader. They have been involved in assessment team training.

Sam Givhan presented at the Zero to Three Conference in Washington. The MSU team is currently using a full day schedule which has allowed them to complete the assessment and write the report in one day. They have had a number of visitors and student involvement has been good. The team has assessed a number of premature infants and children with sensory integration issues. The team is becoming more focused and learning to work together better as a team.

Terri reported the USM team is focusing on providing more structure for their undergraduate students. They have assessed a number of infants who use assistive devices. They are looking at incorporating this into their assessment. The team has added a pediatric nurse practitioner who also works with the NICU clinic.

Deborah gave the report for the Dreamcatcher team. They are receiving 25 referrals and complete approximately 20 assessments a month. Team members have attended training on autism and sensory integration and they have been sharing information with each other. The team will be attending a training session with Juliann Woods Cripe and Dave Lindeman on family guided intervention on December 18.

Patty reported the MS Valley State team is working closely with Valerie Smith and they have a number of assessments scheduled for late December.

Stella announced upcoming training opportunities which included:

Brain Development Workshop	January 12	(601) 957-0480
Sixth Annual Conference on Autism and Deaf/Blindness	January 23 - 24	(813) 974-4612
The Infant and Early Childhood Training Course	February 11 - 12	(301) 320-6360
Southern Early Childhood Association	March 24 - 27	(501) 663-0353

Guest speaker, Dr. Toni Linder, University of Denver was welcomed. She started her discussion by addressing some of the questions from the teams regarding play based assessment. On the question of reliability, Toni reported that a number of studies show when a team meets and discusses the information as a group that includes the family, the information is more reliable. On the question of observing feeding, toileting, and dressing during the assessment, Toni explained how this can be done. The assessment can be scheduled for meal time or a snack can be given. If the evaluation takes place in a center, the parent can send the utensils used at home to be used at the center. It is also important to allow the parent to actually do the feeding. It is often necessary to get the child down to underwear or shorts to look at physical development and this offers an opportunity to see the child dress or undress themselves. It also gives an opportunity to see how the parent handles dressing.

Sensory integration is easily observed during a play based assessment. It allows an opportunity to look at movement patterns and what the child chooses to play with or avoid. The most important thing to look at about sensory integration issues is the pattern you see during the assessment. (Note: Keep in mind typical developmental preferences and the novelty of the experience. SF)

Toni addressed the area of using data and summarizing it in a way that is helpful to parents. Her new Baby Project has shown that a full report is not as useful to parents as something that is simple and direct. They have adapted the summary forms into a sheet they give to the parents as a report. The parents may also be given a copy of the full report, if they wish. They have eliminated the rating column and subcategories boxes.

For programming, they are just using priorities that are important to the family or that the team feels need to be addressed. The "Things I'm Ready For" column is still included and the "Range of Developmental Level" is optional. Toni discussed Jetta's summary. It was completed in a more bulleted form indicating things she could do and things she was ready for and the parents chose to have developmental ranges reported. Toni also shared Holly's summary sheet which was written more in a narrative report form with family focused recommendations.

The next form was a variation of the T.I.P. sheet that is developed after the assessment. It lists family priorities and an objective for each one. It lists time during the family's day when certain things can be addressed. It also gives parents a chance to indicate what type services they prefer, such as demonstration during a home visit, tape of child doing things with the interventionist, commercial video tape, phone contact, reading material, and photographs of the child. The photographs are not necessarily of the child with the interventionist, but rather just personal pictures with practical tips for the parent. These serve as a reminder to parents. Parents really enjoy this as a record they can keep. It is a more personal way of giving recommendations. They also use before and after pictures which can serve as an evaluation tool for the intervention.

Carlen was interested in knowing more about the intervention plan. One of the objectives on the plan was "Jetta will be able to request objects without screaming about it" and the area to work on it was the playground by giving her words to use on the playground. This shows how each objective can be worked on in different areas. Parents are then given the opportunity to select the way they would like to receive information. This allows the services to be individualized for the family. Parents are given the same form, but blank, to write down what they are seeing the child do to meet each objective. This serves as a monitoring tool. The same kind of form can also be used with a child care provider. Toni suggested working with the

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child care provider to look at routines for the day. The objectives may have to be individualized based on what the center is concerned with in integrating the child. Deborah felt the form would be a good monthly progress note. The use of the title "preferred services" was a different, more specific, way of looking at service options. Stella said she has found that child care providers usually prefer some type of hands on demonstration. Toni agreed, but added that video taping was also very powerful. Child care providers are able to go back and review the tapes when things are calmer.

Toni was asked if the reliability studies had been published. Dr. Carly Friedli's dissertation focused on reliability and it is published. It can be found through dissertation abstracts. The other studies are not published.

Stella asked about the last column of the summary report which was range of development. One of the discussions has been about reporting numbers and the feelings associated with it. It has to be done for eligibility ruling, but it is difficult to get parents information in a way that is family friendly. There is conflict over whether to use categories (e.g. average), developmental ages or scores. Toni said in Plano, Texas they have not reported a score in three years. Toni will share a written information sheet the Texas team has developed which answers frequently asked questions. Toni recommended using PEDI which is a parent completed inventory about the child's development. This follows the trend of giving a more descriptive report with scores if the state requires it. When parents are asked if they want the level of functioning a few parents say no, but the ones who want it want more of a range not a number.

Stella ended by wishing Toni a Happy Birthday and everyone a Merry Christmas. The next Conversations will be January 29, 1999.

The next Conversations will be on January 29, 1999. Please note the time will be from 10:00 a.m. until 11:30 a.m.

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Conversations

about infants and toddlers with special needs

An Interactive Video Network Discussion Group
Sponsored by Project Coach Outreach

Friday, February 19, 1999
9:00-10:30

AGENDA

I. Welcome: Stella

II. Update and announcements from MS Early Intervention: Catherine Slaughter

III. Updates from Early Intervention Teams:

Mississippi Valley State
Jackson State University
Mississippi State University
University of Southern MS
Dreamcatchers
Gulfport Michael

McDougal Center
Holmes County School District
Brookhaven Public Schools
Ole Miss
Hattiesburg Public Schools

IV. Upcoming training opportunities: Stella

14th Annual Early Childhood Conference, *Research on Brain Development and Learning to Read: A Wake-up Call*, Craig Ramey, March 2, Starkville, (601) 325-3619.

Health and Safety in Child Care: The Health Professional's Role, Susan Aronson, March 11, Jackson, (601) 844-0013.

Autism Spectrum Disorders: Enhancing Communicative and Socioemotional Competence from Early Intervention to the Early School Years, Barry Prizant, March 11 & 12, Philadelphia, April 15 & 16, Chicago, May 13 & 14 Atlanta, (301) 656-2190.

The Infancy and Early Childhood Training Course, *Assessment, Diagnosis and Intervention for Developmental and Emotional Disorders*, Stanley Greenspan, April 23 - 26, Arlington, Virginia, (301) 320-6360.

17th Annual Statewide Conference on Child Abuse and Neglect, *Protecting Children in the Twenty First Century*, April 29 -30, Jackson, 1-800-373-7651.

V. Premature Infants: Medical complications and developmental follow-up
Valerie DeCoux and Terri Daniels, Institute for Disability Studies

VI. Next meeting: April 16

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CONVERSATIONS

about infants and toddlers with special needs

February 19, 1999

Sponsored by Project Coach

Sites and Participants

Jackson

Connie Clay, Jan Entrekin, Deborah Callaway, Michele Morris, Beth Woodcock, Valerie Beard, Zandra Hunter, Gay Logan, Gus Schreiber, Barbara Brunson, Charlotte Reddix, Mikki Medlock

Gulfport

Michael Cruthird, Bridget Picket, Alice Deadeaux, Leatrice Cain, Cindy Reno

Hattiesburg

Stella Fair, Terri Daniels, Valerie DeCoux

Holmes Community College

Sophia Tiggs, Tracy Presley

Starkville

Helen Eaves, Patsy McPherson, Jan Cooper Taylor, Carlen Henington

Oxford

Mit Arnold, Anne Bomba

Brookhaven

Marsha Vance, Larry Cox, Kelly Covington

Tupelo

Jan Brownlee

The meeting opened with an update of the Early Intervention Program from Gay Logan. Gay indicated the "biggest" upcoming project for the program was the statewide Resource Fair on April 8 at the Jackson Medical Mall. They expect numerous vendors and a large crowd. Gay also indicated she was working on setting up additional satellite resource libraries around the state. There are currently 13 with proposed sites in Meridian, Rolling Fork, Greenwood, Greenville, Tupelo, Starkville and Natchez.

Team Updates

MSU

Jan Cooper Taylor indicated Starkville (MSU) definitely wanted a satellite library site. She said the MSU team had been busy performing assessments/evaluations and were working on improving their report writing skills and teaming. They have been completing the reports after the assessments and will continue to work on the quality of the reports. They will be exhibiting at the Resource Fair.

USM/Project Unites

Terri Daniels reported she had attended the Stanley Greenspan conference in New Orleans recently. She indicated the team was using the information from the conference and working on changing the approach of evaluations from developmental to a learning theories approach. They will be receiving more training in the Greenspan method with a retreat to review his training tapes.

Dreamcatchers/Willowood

Deborah Callaway reported she and Beth Woodcock had also attended the Stanley Greenspan conference She indicated the team was continuing with assessments and home visits and was taking the rest of the day for the assessment team to work on report writing. The intervention team will work with Connie on embedding skills and getting families more engaged in the process.

Holmes County School District

Sophia Tiggs reported they had eight active cases now and seven new referrals. She introduced Tracy Presley as a new team member.

Brookhaven School District

Marsha Vance reported January had been a slow month with a caseload of four children but they had a few new referrals. Stella Fair indicated she was looking forward to visiting the team soon.

Ole Miss

Anne Bomba reported the team was working on report writing. She indicated they had not received any information about the Resource Fair and asked Gay to send it.

Staff from the District IX MSDH health district were participating in the meeting and Michael Cruthird provided an update of activities from the district. They will be hosting the Regional ICC meeting on February 24 from 2:00 - 7:00 p.m. at the Biloxi Beach Resort Hotel. Everyone is invited, but the focus will be on providers and families in south Mississippi. He also indicated the coast will be hosting the Early Intervention Service Coordinator Conference in Biloxi on March 24-26. Gay Logan requested Michael report on work being done in the district on identifying children with hearing loss. A Gulf Coast Hearing Task force has been developed to follow-up on newborn hearing screening and also to make sure children who have progressive hearing loss (and are not identified at birth by the screening) are identified and treatment provided. The task force was essentially developed to ensure there were no gaps in the system for identifying and providing services for children with progressive hearing loss. The main focus areas for the task force are education and training for providers and the public, identifying funding sources for reimbursement of services and equipment for families, and understanding the overall policy and procedure for newborn hearing screening. The task force is made up of representatives from the community in the areas of audiology, medical, school special education and other service providers.

Gay Logan indicated the Early Intervention Central Directory would soon be completed and available. There will also be a resource manual specific to hearing services for the coastal area.

Stella Fair mentioned the conferences listed on the agenda. She indicated two additional conferences were not listed. The Early Intervention Service Coordinator Conference on March 24-26 in Biloxi and the satellite downlinks on March 3 and March 10 from OSEP on the implementation of IDEA 1997. Judy Huemann and Thomas Hehir will be presenting. USM will probably sponsor a downlink site. Stella also gave participants the new First Steps web site address: http://www.msdh.state.ms.us/OPHS/EARLYINT/home.htm.

Stella Fair introduced Dr. Valerie DeCoux and Terri Daniels to present on the topic

Premature Infants: Medical Complications and Developmental Follow-Up. Dr. DeCoux is with IDS and the Office of Student Support and teaches a medical aspects course at USM. Her primary interest is in premature nursing in the NICU. Terri Daniels is with the USM Project UNITES team and is a special educator.

Dr. DeCoux presented the following information on the medical complications of prematurity referencing the handout provided entitled, *Born Too Soon, Born Too Small.*

Sources indicate 60% of premature babies go on to have developmental disabilities which could include everything from mild to significant disabilities. Premature infants are a high risk group for disabilities and it is important to follow-up. The survival rate of premature infants has greatly increased over the decades because of neonatal technology. There are neonatologists who specialize in premature infant care and neonatal intensive care units (NICU) in many hospitals. Premature infants weighing as little as one pound are now routinely surviving, although the earlier a baby is born and the less they weigh increases the risk for significant developmental disabilities.

Characteristics of Premature Infants

- Low muscle tone
- Immature reflexes (such as suck/swallow reflex)
- Disorganized behavior (such as sleeping a lot, inattentive, hard to feed, lack of bonding and interaction) Premature infants do not behave like typical newborns.

Significant Complications of Prematurity

- Respiratory Distress Syndrome - caused by immature lungs; often lacking surfactant which is the liquid lining of the lungs; oxygen is usually required.
- Bronchopulmonary Dysplasia - chronic lung disease
- Intracerebral Insults - can cause brain damage
- Heart defects
- Apnea and Bradycardia - stops breathing for 20 seconds or more which can cause the heart rate to drop
- NEC - when part of the intestine dies usually from oxygenation problems; could result in having part of the intestine removed
- Retinopathy of Prematurity - damage to the retina that could result in permanent blindness.

Jan Cooper Taylor requested that Valerie provide more information on NEC. Valerie indicated NEC is primarily caused by oxygenation problems, bacteria in the intestinal track, feeding problems and/or feeding too early. Some symptoms are a swelled belly area, drop of body temperature, apnea, listlessness, lethargy and irritabity. When symptoms arise, feeding is stopped immediately and part of the intestine may have to be removed surgically. The severity of complications is based on the amount of the intestine that was removed. The range could be from a small portion removed to over 80% to 90% of the intestine. Removal of most of the intestine results in Short Gut Syndrome which can cause other serious nutritional problems resulting in liver damage. Michael Cruthird asked Valerie about feeding problems being formula based versus breast milk. Valerie indicated the feeding problems could also be caused with breast milk and was not aware that breast milk was preventive for feeding problems. Michael indicated he would follow-up with the district Breast Feeding Coordinators on this issue. Bridget Picket asked about NEC and its association with Prune Belly Syndrome. Valerie was not familiar with the characteristics of this syndrome.

The presentation continued with the following information.

Ways in which treatment in the NICU can impact premature infant development

- Most have to have respiratory support which means the infant is laying flat on his back (instead of in a typical flexed position) with tubes for oxygen.
- Bright lights and noise
- Usually restrained to prevent tubes and IVs from coming out
- Aversive environment in which the immature brain in developing
- Exposed to air conditioning instead of the warm womb environment
- Injections, multiple IV sites, and painful procedures

This aversive stimuli to the whole body can result in numerous complications and delays such as oral/motor control. These conditions also result in a difficult infant to care for when at home. They have disturbed sleep patterns, have not learned to self console, are hard to feed because of a weak suck reflex and often fall asleep eating.

Terri Daniels presented the following information on Project UNITES' participation in the Forrest General Hospital NICU follow-up program.

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The purpose of the clinic is to follow the progression of NICU graduates, provide parent information specific to health and development, identify infants needing medical/developmental intervention and conduct a longitudinal study.

In 1998 there were approximately 300 admissions to the NICU. The clinic is held twice a month and assesses an average of 30 infants a month. A multidisciplinary team approach is used. Staff from the clinic includes a neonatologist, nurse, nurse practitioner, two special educators, physical therapist, occupational therapist, social worker and Early Intervention Service Coordinator.

What is done at the clinic:

- Health/medical check that includes weight, length, head circumference and vital signs
- Neurodevelopmental screening using the Bayley Infant Neurodevelopmental Screening (BINS) augmented with clinic observation.

Project UNITES has been involved with the clinic for about a year and has provided some suggestions for improved/best practice in performing assessments. They have written a grant to purchase positioning equipment and parent information. They also plan to participate in discharge planning using NIDCAP. Terri asked Valerie to briefly explain NIDCAP which stands for Neonatal Individualized Developmental Care and Planning. It is based on an assessment measure from the work of Heidi Als who is a psychiatrist working in the area of neonatal behavior. It is an elaborate assessment instrument based on the Brazelton Neonatal Behavioral Assessment Scale but adapted for premature infants. The base training is extensive and expensive to administer. Flowing down from this is the NIDCAP which is an observational behavioral assessment.

Terri continued the presentation by discussing future plans for assistance by the UNITES team at the clinic. They will

- Implement a parent program as part of discharge planning to include appropriate physical environment for the infant.
- Support parents' confidence in caring for and supporting their infants' development.
- Provide information specific to infant cues.

- Provide information specific to infant development.

Terri indicated she had information on the national NIDCAP training center at Harvard Medical School in Boston if anyone were interested. Carlen Henington asked for this information to provide to her students at MSU.

Jan Cooper Taylor asked if any NIC units were becoming more sensitive to the sensory protection of premature infants based on the information available on developmental disabilities in this group. Valerie said there was a wide range and that staff training was vital. She has visited a prototype NIC in Raleigh, NC that provides a dark, calm setting with covered incubators to lessen noise. Infants are placed in flexed positions, and there is minimal handling. This is one extreme and the other end is most typical with loud noises, bright lights, etc. Most NIC units are based on a medical model concerned with survival rates and often forget the effects of the NICU environment on the quality of life afterwards. Michael Cruthird indicated they had visited Oshner's which had become more family friendly but was still based on a medical model. Terri indicated it is important to cultivate relationships with the hospitals and always remember you are guests. You should always be careful how information is provided. Valerie indicated the importance of developing a relationship with the neonatologist.

Michael asked Terri for a list of the equipment that Project UNITES had provided to Forrest General because the district had also donated materials.

Stella Fair closed the meeting by thanking Valerie and Terri for the very helpful information. She mentioned the March 17 project director's meeting and indicated that the next Conversations was scheduled for April 16.

Conversations

about infants and toddlers with special needs

Friday, April 16, 1999
Sponsored by Project Coach

Sites and Participants

Jackson
Connie Clay, Beth Woodcock, Zandra Hunter, Charlotte Reddix, Ty Ashley, Valerie Beard, Michele Morris, Barbara Brunson, Carl Brown

Starkville
Jan Cooper Taylor, Helen Eaves, Richard Davis, Patsy ________, Julia Phillips

Brookhaven
Marsha Vance, Larry Cox, Beth Langston

Holmes
Yolanda Lacy, Tracy Parsley, Sophia Tiggs, Clementine Cooper

Tupelo
Susan Boone, Jan Brownlee

Hattiesburg
Stella Fair, Terri Daniels, Dora Willis, Cindy Pennington

MS Valley State
Val Smith

Oxford
Mit Arnold, Gary Mooers, Anne Bomba

Gulfport
Michael Cruthird,

Stella Fair welcomed everyone and asked for announcements from the Early

Intervention Program. Connie Clay announced for Roy Hart that the RFP for universities and school districts was mailed yesterday (4/15) but if you wanted a copy immediately, please call the early intervention office and it can be faxed. The RFP is not currently on the website but could possibly be at a later date.

Team Updates

Brookhaven
Marsha Vance reported the team had screened three children and evaluated one. Three are receiving services and two more are in the process. The team attended the Intervention Institute held on April 7-9.

Ole Miss
Gary Mooers reported the team had been receiving referrals and were in the process of setting up two assessments in the Tupelo area.

Hattiesburg
Cindy Pennington reported the team continues to receive numerous referrals and provides assessments on a routine basis. She also indicated they are in the process of expanding services and recently sponsored a successful training sessions entitled "It takes a village but what if the village is dysfunctional?"

USM/Project UNITES
Terri Daniels introduced new member, Dora Willis, and also reported that Dr. Ted Adkins, the only developmental pediatrician in Hattiesburg has joined their team as a consultant. The team evaluated 11 children in March and has 10 scheduled for April.

Jackson State
Carl Brown reported the project is currently working with 15 field placement students from the School of Education providing site observation and inclusion training with them in their child care placements. A final training session will be held for the students on April 30th which is the last day of their placements. The team has assessed 2 children and has 3 scheduled for this month. Carl indicated that scheduling the assessments has been difficult because of faculty and student schedules as well as working with the families to schedule the assessment in the home. The project sponsored a successful symposium attended by a total of 80 students

(primarily from Special Ed) on "Current Trends in Early Intervention: Understanding Infants and Toddlers." Stella Fair, Cindy Leigh, and Sam Givhan were among the speakers.

MSU

Jan Cooper Taylor reported the team was doing the regular weekly assessments and participated in the statewide resource fair. She announced that they were sponsoring a workshop based on last months Conversations about premature infants entitled "Too Soon, Too Small: Working With Premature Infants." Valerie DeCoux will be the primary speaker along with some of the team members. Everyone is welcome. The meeting site will accommodate 200.

Dreamcatchers

Beth Woodcock reported a PT student has been with the team and is finishing his internship and will be working at North Mississippi Regional Center in Oxford. She also indicated they continue to do assessments and services on a daily basis and attended the Intervention Institute on April 7-9. Zandra Hunter reported they had started a play group in Yazoo City for Early Intervention children in Yazoo City, Benton, Rolling Fork and Vicksburg. Stella Fair commented there is much interest in how they got this started and how it works out, i.e. the challenges and successes.

District III/Valley State

Val Smith reported that Valley State had been doing some screening. She also reported the District III Early Intervention Program is lacking in staff but hopes to have two staff positions filled in May. District III has been working with Mental Health to open a satellite of Project Run in Winona and a Hudspeth satellite clinic in Durant. The biggest challenge in District III is transportation and it is important to have sites in the community.

District IX

Michael Cruthird reported that the statewide resource fair was a big success with 56 exhibitors and providers. He talked about the coloring contest that had 16,000 entrants and that the winners were awarded savings bonds. The estimated number of participants at the fair was over 600 and could have been close to 1000. Michael indicated the fair would be on the Gulf Coast next year. Stella Fair reported the IDS staff did a survey at their exhibit asking participants questions about training needs. The preliminary data indicated interest in typical and atypical development, specific types of disabilities, and using the Internet, computers, etc.

Michael announced District IX is sponsoring follow-up Special Care training on April 26-27. The training is offered to public schools, preschools, Head Start and child care centers. Linda Slaum with Hancock County schools has been instrumental is the planning. Ann Brock and Jeri Anniston, service coordinators, will be presenting. He also indicated they have been working with BRIDGES to put together a "parent university" program for parents of typical and atypical children.

Michael also announced Vanderbilt University has a grant to pay parents for allowing their children to be assessed with a new assessment kit. Providers interested in participating should contact him for more information.

Holmes

Sophia Tiggs reported they received two referrals and are working with the local service coordinator on child find activities. They are also sponsoring a parent training session on May 21 with a basic focus on children with special needs.

Stella Fair mentioned the upcoming training opportunities listed on the agenda. She indicated she is receiving a lot of information about autism training and to contact her if interested in this. She reported the IDS 1-800 number will be changing soon to 1-888-671-0051.

Stella Fair introduced the next section and indicated there would be discussion on the assessment process questions that were provided prior to the meeting. The discussion continued as follows.

1. How do you receive referrals for assessments?

Holmes - from service coordinator with medical information and referral form.

McDougal - developed referral form that is completed by the service coordinator with needed information about the child and family; the service coordinator discusses assessment options with the family and when McDougal is chosen, the form is completed.

Brookhaven - from service coordinator and screening at child care centers; mail out a two page form for the family to complete prior to assessment.

Ole Miss - from service coordinators with needed child/family information.
USM - recent data indicated that 95% come from local physicians, 4% from service coordinators and 1% directly from family referrals. The reason for this is that USM/IDS has had a developmental screening program for about 10 years and the focus has been on pediatricians to utilize the screening service; the team meets every week to share referral information with the service coordinator(s).
Hattiesburg - from service coordinators, local pediatricians, parents and Head Start; they contact family by phone and get intake information; see the need for a referral form.
JSU - from service coordinators, faculty and students; complete the first page of the IFSP for referrals not received by service coordinators then provide this to them.
MSU - receive all referrals from the service coordinators; receive intake form used by service coordinators with medical information and other assessment reports. This information is reviewed by all team members prior to the assessment.
Dreamcatchers - primarily from service coordinators but do receive some calls directly from parents; receive referral form with basic child/family information then contact parents to discuss assessment process.
Valley State - from service coordinators who work with Dr. Black; service coordinator contacts family.
District IX - from Project Prints, home health, schools, local pediatricians and providers; complete developmental history with family and provide copy to all appropriate assessment team members with any other available medical information.

There was discussion about the physician packets a couple of teams mentioned and how helpful these had been in increasing physician referrals. Stella indicated that the Early Intervention Program was very interested in focusing on physician education and was working on a continuing education plan as well as the statewide public awareness campaign activities focused on physicians.

Stella brought up the issue of the 45 day time line for completing the assessment and IFSP and asked for discussion on the interpretation of when this time line actually starts. Michael Cruthird indicated the law states that the 45 days starts when the child is known to the system which is when the service coordinator receives the referral. The service coordinator is the time keeper. The Early Intervention Program is held responsible for this time line. Terri Daniels indicated time lines differ in the school districts because of Part B law/guidelines. Stella felt that this issue should be discussed further and that communication between all parties is the key.

2. What has been helpful in communicating with referrals agencies?

USM - exchange of records; inviting referral source to attend testing; feedback given to agency re testing results and parent permission to release information to (referral) agency. Medical staff on team reviews information prior to assessment so that primary physician can be contacted if there are questions concerning a medical condition.

MSU - service coordinator attending assessment and IFSP written immediately after assessment. Copy of assessment results made available and periodic updates provided to child's physician.

JSU - One service coordinator designated to work with team which simplifies communication.

Hattiesburg - medical personnel communicating with physicians; service coordinator attending assessments and observing intervention activities.

3. How are families prepared for the assessment process?

MSU - parents are informed of the type assessment, who will be attending the assessment and permission to video tape; prep session before the assessment; service coordinator provides information prior to assessment.

McDougal - service coordinator gives family information on assessment and services that are available; Jan calls parents and further discusses process and sends pre-evaluation form for family to complete prior to assessment then it is discussed at assessment. SLP/Psychometrist, education, OT and service coordinator normally attend assessments.

The discussion was closed due to time constraints but will continue with the questions at the May 14 meeting. Michael Cruthird indicated he would like to include discussion on natural environments. Beth Woodcock asked the group for information on a good screening tool for infants and toddlers in child care centers. Connie announced if teams have forms they would like to share at the May 14 meeting, to send them to her for handouts or have available to use on the Elmo.

Stella recognized the district coordinators and service coordinators for participating is these meetings. She indicated policy and IFSP committees have been developed and comments and suggestions are welcome.

The next Conversations will be held May 14 from 9:00 a.m. - 10:30 a.m. It will be a continuation of "Getting ready for the assessment: How we do it."

Conversations
about infants and toddlers with special needs

An Interactive Video Network Discussion Group
Sponsored by Project Coach Outreach

Friday, July 23
9:00-10:30

AGENDA

I. Welcome: Stella

II. Update and announcements from MS Early Intervention - Catherine Slaughter

III. Updates from Early Intervention Teams and Districts:

District V & Jackson State University & Dreamcatchers
District VIII & USM & Hattiesburg Public Schools
District I & Ole Miss
District II & McDougal Center
District IX
District IV & MSU
District VII & Brookhaven Public Schools
District III

IV. Upcoming training opportunities: Stella

7th Annual South Mississippi Child Abuse Conference, *Safe Families: A Journey to the New Millenium,* July 30, Biloxi, MS, CPCA Conference Registration, 3201 D Avenue, Gulfport, MS 39507.

14th Annual Early Intervention and Early Childhood Summer Institute, August 2 - 6, Williamsburg, VA, Child Development Resources and the College of William and Mary, School of Education, 757-566-3300.

V. "Getting ready for the assessment: How we do it" Part 2

VI. Next meeting: August 27 ??

Conversations

about infants and toddlers with special needs

Friday, July 23, 1999
Sponsored by Project Coach

Sites and Participants

Jackson
Connie Clay, Beth Woodcock, Zandra Hunter, Charlotte Reddix, Valerie Beard, Michele Morris, Barbara Brunson, Deborah Callaway, Gus Schreiber, Meg Edwards, Catherine Slaughter

Starkville
Sam Givhan, Debbie Givhan

Tupelo
Susan Boone, Jan Brownlee, Jackie Rinehart, Denise Wells

Hattiesburg
Stella Fair, Jane Siders, Jeff Kresge, Margie Cox, Mo Conville

Oxford
Mit Arnold, Gary Mooers, Anne Bomba, Lea Helen Evans

Gulfport
Michael Cruthird, Bridget Pickett

Northwest Community College
Michele Masterson, Amy Franklin

Stella Fair welcomed everyone and asked for announcements from the Early Intervention Program. Catherine Slaughter announced contracts are in the process of receiving final approval. IDS received the contract for the training and technical assistance facility. The other contracts awarded were Ole Miss, MSU, Magnolia Speech and Hearing, McDougal, Willowood Developmental Center, USM Speech and

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Hearing Clinic, UMC, Brookhaven Public Schools, Hattiesburg Public Schools. A project director's meeting will be held August 3 in Jackson. The budget for early intervention for this year is $3,638,000.

Team Updates

Hattiesburg

Mo Conville reported for Dr. Joyce Keller. The team is continuing to screen children through the summer. They have a large number of children being referred. The team is working to get more parent involvement and have found that talking and interviewing one to one with parents, particulary teen parents, seems to be the best way to establish rapport and promote involvement long term.

USM/Project UNITES

Jane Siders reported their team has a developmental pediatrician, Dr. Ted Atkinson, working with them. The team is seeing a large increase in the number of students interested in the program.

District IX

Michael Cruthird reported the numbers of children being served in District IX has doubled in the last three years and they wish they had more project resources in their area to pull from. They would also like training for their providers in infant/toddler assessment and Michael inquired about the possibility of another training institute.

Ole Miss

Anne Bomba reported the project is currently planning a team building retreat. They are also planning to team teach a transdisciplinary course in the fall.

McDougal/District II

Jan Brownlee reported the team is conducting 2 or 3 assessments a week. The district currently has 282 active cases and 200 in tracking. Susan Boone also reported a team from St. Louis will be coming to do training in the district. She had limited information.

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MSU
Sam Givhan reported the team continues with its regular schedule of assessments. They are working to formalize their training schedule. They would like to discuss this subject at the director's meeting and see how other universities are handling scheduling issues.

District I
Michele Masterson reported their referrals are increasing. They are planning to do some PR work in the Memphis area.

Dreamcathers
Deborah Callaway reported the team was just completing a week of team building activities and training. They have received more sensory integration training from Meg Edwards, the new OT on the team. The team is interested in learning more about stages of play and how they relate to assessment and intervention.

Stella Fair mentioned the upcoming training opportunities listed on the agenda. She also mentioned the genetics workshop to be held Monday and Tuesday.

Stella Fair introduced the next section and indicated there would be continued discussion on the assessment process. This discussion would be based on the questions provided prior to the meeting.

4. **What tools and methods do you like for obtaining background information from families?**

District IX - uses an intake form. The form was originally 10 pages but has been reduced to 4 pages. It is sometimes done in the home and sometimes in the health department.
District I - uses DMH's developmental history form.
UNITES - uses an 8 page form. The team will be revising the form. Dr. Atkinson questioned the length of the form and suggested looking at each question to see if it necessary and how the information gained is used.
MSU - receives all information from the service coordinators.

5. **What information is most helpful to have?**

MSU - parents' concerns, why is this child being evaluated.
UNITES - are the parents committed to the end result of the assessment. Understanding the family's commitment level provides opportunities to help educate the family. This education helps the family to become more cooperative.
Hattiesburg - sometimes it isn't the parent's concern but someone else's. It is important to look at how the information is used once it is gathered.

6. What is working or not working in terms of avoiding cancellations?

District IX - giving families opportunity to select day for assessment.
MSU - service coordinator makes contact with the family 24 hours before appointment.
Dreamcatchers - the service coordinator gives the family available dates for the assessment. The service coordinator schedules the assessment with the family. Michele calls the parent to explain the process. A letter is mailed to the family from the team with information concerning the assessment. A call is made a day or so before the appointment as a reminder.
District I - arranges transportation for families through Medicaid.
UNITES - calls the family a couple of days ahead of the appointment. A team member may meet the family at a local landmark and show them the way to the assessment site. The team has a very low cancellation rate.

7. On the day of the assessment, how do your team members prepare themselves and the family for the assessment?

Dreamcatchers - a phone call to the family helps to let them know what to expect from the process. It is also important to let them know what to expect when we come into the home. The team is realizing the importance of letting the parent have a more active role in the assessment process. This may be an easier way to involve them from the start in the intervention activities. Jane indicated the importance of looking at parent child interaction.
Ole Miss - sometimes it is hard to determine who the primary caregiver is in a given situation. Several teams indicated the importance of addressing comments to the mother even when there is a grandmother or other caregiver present. It is also important to not force a family to take a role they really aren't comfortable with.

8. **What are your current challenges?**

- involving families in the process
- understanding the roles of different agencies

The discussion moved to parent-child interactions. Stella suggested having Jane lead the next Conversations discussion on this subject. Jane agreed and will be sharing some of the scales used to measure interactions.

The next Conversations will be held September 17 from 9:00 a.m. - 10:30 a.m. It will be a discussion of parent-child interactions led by Dr. Jane Siders. Please note this is a change in date. We apologize that we do not have a video tape of Conversations for July 23.

Questions for Conversations

As you may recall, the last Conversations held on April 16 was "Getting ready for the assessment: How we do it". The questions for discussion are listed below. We will continue our discussion at the July meeting starting with question number 4. It may be helpful to review the notes from the April 16 meeting.

1. How do we receive referrals for assessments?
2. What has been helpful in communicating with the primary referral agent?
3. How are families prepared for the assessment process?
4. **What tools and methods do you like for obtaining background information from families?**
5. What information is most helpful to have?
6. What is working or not working in terms of avoiding cancellations?
7. On the day of assessment, how do your team members prepare themselves and the family for the assessment?
8. What are your current challenges?

Conversations

about infants and toddlers with special needs

An Interactive Video Network Discussion Group
Sponsored by Project Coach Outreach

Friday, October 15
9:00-10:30

AGENDA

I. Welcome: Stella Fair

II. Update and announcements from First Steps: Catherine Slaughter

III. Updates from Early Intervention Teams and Districts:

District IX
District VIII, Project UNITES, Hattiesburg Public Schools
District VII and Brookhaven Public Schools
District V and Dreamcatchers
District IV and MSU
District III
District II and McDougal Center
District I and Ole Miss
North MS Regional Center EIP
Ellisville State School EIP
Hudspeth Regional Center EIP
South MS Regional Center EIP
Boswell EIP

IV. Upcoming training opportunities: Stella Fair

MECA Annual Conference, October 27-29, Hattiesburg, (601) 898-0396

NAEYC National Conference, November 10-13, New Orleans, LA
Fax registration by October 22, (202) 7971651

Zero to Three National Conference, December 3-5, Anaheim, CA
Fax registration to (703) 486-0618

DEC National Conference, December 9-12, Washington, DC
Fax registration to (407) 628-3186

Autism Spectrum Disorders, January 10-11, 2000, Beau Rivage Resort in Biloxi
IDS, 1-888-671-0051

V. Presentation: "Parent Child Interaction" Dr. Jane Siders

VI. Next Meeting: December 3, 9:00 - 10:30

Conversations

about infants and toddlers with special needs
October 15, 1999

Minutes

Sites, Teams, and Number of Participants

Jackson	Hudspeth, Mental Health, First Steps, IDS - 8
Starkville	MSU, TK Martin - 6
Natchez	Boswell - 3
Wesson	Brookhaven School District, District VII - 5
Tupelo	McDougal, District II - 3
Oxford	Ole Miss - 3
Hattiesburg	Project UNITES, Hattiesburg School District, IDS , District VIII- 7
Gulfport	SMRC- 3
Greenwood	District III- 6

A total of 9 sites with 44 participants

Part C Update
Roy Hart expressed appreciation for everyone's participation in Conversations. He did not have any specific information concerning current Part C activities. Gay Logan reported that she was in the process of updating resource library materials and encouraged everyone to contact her with suggestions for resources.

Mental Health Update
Shirley Miller reported that the Early Intervention Programs and First Steps District Coordinators were meeting on a regular basis to discuss collaborative issues and plan for the future. She also indicated that three new centers were opening –Louisville, Philadelphia and Durant. Louisville and Philadelphia were already seeing children and Durant is almost completed. North Mississippi Regional Center has proposed to move into a new building for the Clarksdale satellite center. The Gulfport center is completed and will be opening soon.

Team Updates

SMRC
Kristi Beach introduced herself and the two EIP staff members in attendance. She reported that the new Gulfport center was opening. She also indicated that the SMRC/EIP staff and District IX staff would be having a joint staff meeting to discuss collaborative efforts, share information, brain storm and build relationships.

Project UNITES
Terri Daniels reported on some changes in their team evaluations. Dr. Clay Hammack, Health Officer with the District VIII Public Health District, has joined their team to consult with medically fragile children. They have added a new step to the evaluation process by writing a brief summary of the assessment to be provided to the child's primary care physician (and the Service Coordinator if needed.) She also indicated that the team had been receiving technical assistance requests from several of the local school districts .

Brookhaven School District
Rosalyn Forest provided the report for Brookhaven identifying the number of children served and services provided by the team over the last two months.

District VII
Rosalyn Forest reported that District VII will only have two service coordinators as of November 1. She indicated that she has meetings planned with the local Program Developers in the area to work out strategies for transition and is having joint staff meetings with the local mental health staff.

MSU
Sam Givhan introduced those in attendance at the site which included the new team from the TK Martin center. He indicated how excited they were about the new team and that they would be providing assessment and services. He indicated that the MSU team has been refining the training process for undergraduates. They have had two visits from hospital staff and are pleased to be making "in-roads" with the medical community. They are looking at their report format and have been reviewing the Dreamcatcher's material. The are looking forward to attending NAEYC in November in New

Orleans.

District III
Val Smith reported that they were getting ready for the opening of the Durant mental health site. She also indicated that she had met with three local hospitals and are working with the local school districts on interagency agreements.

McDougal Center
Jan Brownlee introduced the two Lee County Service Coordinators and indicated that there were approximately 100 cases in Lee County. She reported that McDougal is serving 41 early intervention children.

Ole Miss
Lea Helen Evans reported that the team was working on a parental brochure to explain the assessment process. They were also developing two instruments to gather information prior to the assessment to have a formalized history and get information from the parents. These instruments will be shared with Michele and Helen (DC's). She also reported that they had attended the District I Hearing Screening Task Force meeting and were looking forward to continued participation with that group.

Hattiesburg
Cindy Pennington reported that a case worker had joined the team to make family visits. She indicated that the team was involved in the District VIII Resource Fair. She discussed the addition of a donated RV that will be used as a traveling assessment center. (There was much interest from the group in the RV!) She reported that a Service Coordinator was now on site at the school and that they have a parent resource center in the school.

Stella introduced Dora Willis (at the Hattiesburg site) who is a consultant with the MITTS project. She briefly reviewed the training opportunities listed on the agenda and indicated to call if additional information was needed.

Jan Entrekin announced that the next project directors' meeting is scheduled for November 3rd in Jackson.

Stella introduced Dr. Jane Siders who presented on caregiver/child interaction. Dr Siders is a professor at USM and director of the Institute for Disability Studies. She has a wealth of experience in early childhood intervention and special education and one of her research interests is in caregiver/child interaction. This is a two part presentation that will be continued at the December meeting.

Handouts were provided to the participants prior to the presentation. The presentation was video taped and is available. *Please contact Jan Entrekin if you would like a copy of this information.*

The next Conversations is scheduled for December 3 at 9:00.

Conversations

about infants and toddlers with special needs

An Interactive Video Network Discussion Group
Sponsored by Project MITTS

Friday, December 3, 1999
8:30 - 10:00

I. Welcome: Stella Fair

II. Updates from First Steps Early Intervention Program and Mental Health EIP

In order to provide adequate time for the presentation, updates from all teams will be omitted.

III. Upcoming training opportunities: Stella Fair

Autism Spectrum Disorders, January 10-11, 2000, Biloxi, (IDS) 1-888-671-0051

Southern Early Childhood Association Annual Conference "In Concert for Children" April 6-8, 2000, Birmingham, Alabama, 1-800-305-7322

IV. "Caregiver Child Interaction" Dr. Jane Siders, IDS/USM

CONVERSATIONS

about infants and toddlers with disabilities

December 3, 1999

Minutes

Sites, Teams, and Number of Participants

Jackson	IDS, Early Intervention, Willowood - 7
Laurel	Ellisville EIP - 2
Natchez	Boswell - 4
Greenwood	District III - 3
Hattiesburg	IDS, Hattiesburg School District - 5
Starkville	MSU - 2
Oxford	Ole Miss, District I - 5
Gulfport	SMRC, District IX - 7
Tupelo	McDougal Center - 1
Wesson	District VII - 1
Meridian	Hudspeth EIP - 1

A total of 11 sites with 38 participants

Part C Update

Gay Logan presented for Part C announcing that the (main) Resource Library currently located at the Health Department Early Intervention office will be moved to the Jackson Medical Mall. The projected re-opening date for the library is April 6 to correspond with the Statewide Resource Fair. The existing library site will be closed December 10. Gay reported that there are 30 satellite libraries around the state that can be utilized during this closure time. Stella reminded the group to continue to make recommendations to Gay for resources for the libraries.

Mental Health Update

A representative from SMRC reported for Kristi Beach (who was reporting for Shirley Miller) the current status of the new EIP sites in Grenada and Gulfport. She also reported that the next joint Health Department/Mental Health EIP meeting is scheduled for January 18-19, 2000 and would be followed by a Resource Fair meeting.

In order to accommodate the presentation by Dr. Jane Siders, individual team updates were omitted.

Stella Fair reviewed the upcoming conferences - the autism conference on January 10-11 in Biloxi and the SECA annual conference on April 6-8 in Birmingham. She reminded everyone interested in attending the autism conference to make hotel reservations by December 10 to be able to get the $72 rate. Jan Entrekin announced that the conference would be applying for continuing education credit for speech therapists, occupational therapists, physical therapists, teachers, social workers and psychologists.

Dr. Jane Siders continued her presentation on caregiver parent interactions. The presentation included a review of rating scales, a video presentation and ratings by the participants.

The next Conversations is tentatively scheduled for February 18 at 9:00.

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INSTITUTE FOR DISABILITY STUDIES
Mississippi's University Affiliated Program

The University of Southern Mississippi
Box 5163
Hattiesburg, MS 39406-5163

Phone: (601) 266-5163
FAX: (601) 266-5114
TDD 1-800-467-4488

Meeting Notice

Conversations

about infants and toddlers with special needs

An Interactive Video Network Discussion Group
Sponsored by MITTS
Institute for Disability Studies at USM

Friday, February 18, 2000
9:00 a.m. - 10:30 a.m.

Sites:
Jackson, Universities Center, Room 2-4
*Clarksdale, Coahoma Community College, Curry Hall
*Booneville, Northeast Community College, Holiday Hall (basement)
Wesson, Co-Lin, Smith Hall, Room 104
Natchez, Co-Lin- Room 219 (in the only building on campus)
Starkville, MSU
Hattiesburg, USM - OMH
Gulfport, USM Gulfpark
Meridian Community College - CO Todd Library (ground floor)
Jones Junior College - CL Neil Student Center, Video Room 1
Greenwood, Valley State

Agenda and Handouts Enclosed

Contact Jan Entrekin at jentrekin@earthlink.net or (601) 992-2185 if you have questions, need further information or do not plan to attend.

Please make copies of the announcement and agenda for your team.

Please have the enclosed brochures available at the site for others to review.

*Ole Miss sites in Oxford and Tupelo were not available.

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Conversations

about infants and toddlers with special needs

An Interactive Video Network Discussion Group
Sponsored by Project MITTS

Friday, February 18, 2000
9:00 a.m. - 10:30 a.m.

Agenda

I. Welcome: Stella Fair

II. Update from First Steps Early Intervention Program and Mental Health EIP

III. Upcoming training opportunities: Stella Fair

Asperger's Syndrome: High Functioning Autism in the New Millennium, Dr. Tony Atwood, Friday, March 17 in Biloxi at the Bay View Resort, Registration $115, 1-800-489-0727

Children's Defense Fund National Conference 2000, March 25-28, Hilton New York, New York City, 1-800-CDF-1200

CEC Annual Convention and Expo, April 5-8, Vancover, British Columbia, 1-888-CEC-SPED

Southern Early Childhood Association Annual Conference "In Concert for Children" April 6-8, 2000, Birmingham, Alabama, 1-800-305-7322

National Head Start Association 27th Annual Training Conference, April 26-29, Washington, DC, 703-739-7562

IV. Presentation: Early Hearing Detection and Intervention in Mississippi
Lauree Chase Kubow, First Steps Early Intervention Program

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F: Project Directors' Visions Paper

Early Intervention Project Director's Meeting
November 11, 1998

OUR PURPOSE:

Improve the quality and availability of early intervention services in Mississippi through the expansion of curricula for inservice and preservice training of early intervention providers through demonstration and dissemination of field tested practices that support and affirm families; thus, improving the long term outcomes for children.

OUR VISION: *In the next five years we would like to see a community of support and inclusion*

That is more sensitive to families and children through better understanding of early intervention practices across professions and within the public

Comments:

- we would have greater sensitivity in our services
- wider use of a transdisciplinary approach
- increased use of child care for service and identification
- more inclusion in schools
- services are community based, culturally sensitive
- there is a partnership with families
-
-

That has more knowledgeable and empowered families

- all parents have a knowledge base to obtain services
- parents know the process of support for their child
-
-

That has more accessible services

- any family can go into a provider's office and receive the services they want
-
-

That has improved quality of services and transition for children

- services are family centered & community based
- developmentally appropriate practices used in all early childhood programs
-
-

That has improved quality of training

- change attitudes as well as improve knowledge and skills
-
-

That has less bureaucractic junk/gobbledygook that impedes services

- clearly identified roles at the state level
- reduce entrenched unnecessary agency processes
-
-

Possible contributions/ activities within the scope of the projects

Priorities and key elements discussed as part of our purpose included: research, demonstration, training, technical assistance and dissemination. Questions raised included: how do we best work with families and children, how do we report assessment information, work as a team, and select appropriate practices.

Ideas...

- Develop competencies for service providers, including how to measure those competencies
- Demonstrate and promote those practices we value.......
  family-centered, culturally sensitive, transdisciplinary ...while holding our own teams to a higher standard
- Change and expand our curricula
- Offer appropriate internships and field placements
- Educate and inform others with potential to make a difference.....
  Legislators
  IHL board
  pediatricians
  school administrators
  other agency colleagues
- Pursue a different route for certification of teachers
- Promote partnerships and teaming with physicians
- Develop products such as audio and video tapes
- Contribute to state-wide conferences (MS Early Intervention Conference and EI Resource Fair)
-
-

Training Evaluation

FACETS Overview

Davis Lindeman, Juliann Woods Cripe, & Derek Jones
Jackson, MS
April 7, 1999

What outcomes would you like to achieve from participating in this workshop?

Achieve level of competency to early intervention to counsel families of disordered child. Understand why process is significant. Gain knowledge of how to plan implementation of early intervention measures.

Ways to accomplish the most with families (best scheduling).

Increasing parent understanding and participation. Identifying routines in non-traditional settings. Developing activities that require parent involvement.

To better understand family-guided activity based as described by the presentation team as well as what parents and families would like for us to do to improve our roles in their lives.

A broader base of facts in the field of early intervention.

How I can better provide services to families. What approaches are successful with children. How to better collaborate with all team members.

How to motivate caregivers to carry over gains to functional communication in the home.

How to get parents more involved with clients programs. More ideas on how programs can be incorporated into the daily routines.

Provide families with resources available for them. Understand the foundation of early intervention. Establish ways to more parental involvement.

How to get parents more involved.

Develop better routines based interventions. Gain better skills at getting families involved. Gain information to share with physicians on routine based intervention.

Talk about routines for young children. Playgroup program. Behavior modification.

Learning more about children needs for 0-3 years old that are special needs. Helping families work in routines with developmentally delayed children. Support groups for families with special needs children.

Solution for better parental involvement.

How to improve the way I approach family intervention. How to get parent more involved in continued interventions.

Become familiar with this system of early intervention. Discuss early intervention from various view points. Observe this approach being implemented by a team of OT, PT, ST, Educators, and parents.

Additional treatment/intervention suggestions. Suggestions to encourage/motivate family members to participate with therapy to better monitor outcomes/success with PT's progress.

Learn to instruct and motivate families to work with their children. Learn to design routines to facilitate progress with motor goals.

What can I do as an SLP to incorporate this principle on my therapy. How can I become more family vs. child oriented.

Better identify families priorities for their children. Gain effective techniques to facilitate meaningful skills. Improve documentation to present accountability for program.

To better understand family-guided approach to early intervention and how it differs from our current program. To learn ways to enhance our current early intervention program.

How to better service the needed families. How to make my visits with families more productive. How to use FACETS to serve my families.

Procedures to involve families in understanding involvement.

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Please identify 3 ways you will use the information you gained today.

Become more family centered, use the families routines more for instruction and keep in mind the different approaches.

Integrate skill building into routines. Empower parents as their child's primary teacher. Be more sensitive to families wishes.

Think family vs. child. Daily activities vs. structured tasks. Engage child in intervention with things child likes.

Family education. Focus more on child initiated activities to achieve positive outcomes.

Design of intervention strategies for my pediatric patients. Choice of activities with peds.

Help families to become actively involved in their child's activities. Communicate effectively with families.

By sharing the information to others and families. By going to home visits using the information.

Have better understanding of identifying routines.

Parents will have to sign form. Turn off TV from the start.

Prepare families for services. Allow families to make decisions. Alternatives for families.

I like the way to get parents involved by planning 2 participate activities.

Activities, routines, the ideas.

Develop a new mind set of intervention. Try to get parents more involved. Find new methods of providing stimuli.

The information be passed on to families and used when working with children and families.

In daily/weekly visits and plan development.

Try to use available tools in homes. Encourage more parent involvement.

Entering alliance with new families. Maintenance of services. Success of dismissal of services.

The strongest feature of the training session was:

Seeing the strategies on the tape.

Material presented on family-guided services.

Differentiating between family-centered and family-guided intervention.

Thinking family focused vs. therapy/therapist focused.

Video and Jackson success and challenges.

Interdiscipline-video Jackson team.

Presenters knowledge of subject area.

Very knowledgeable speakers.

I like the video.

Individuals.

Allowing families to make decisions about services.

Describe characteristics of family based intervention.

The concepts involved with this orientation toward intervention.

Open discussion and sharing ideas.

Stressing the importance of not just bringing your tools.

The fundamental concepts.

The weakest feature of the training session was:

Lack of air conditioning. Some information was repetitive during the 3 hour presentation.

Too many overhead projections. Not enough of #15.

Hot!

Me-I'm sick and medicines are making me fall asleep, sorry!

Hot! I know you can't help this.

Maybe need some new information.

Hot room-makes me sleepy.

Hot room.

The room-I know you can't help that.

Presenter took academic approach to communicating his topic. I am more responsive to an application approach. This plus a monotonous tone made it difficult to attend.

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Not enough specific-useable material-but I understand this was an overview day.

General Comments:

Need more group discussion-open room discussion; more interactive activities.

I gained lots of information/understanding from Willowood Dreamcatcher team. Ideas to share with co-workers as well as families.

Good materials.

We need more information on using routines and more time to learn how to plan activities within routines.

Topics you would like covered in future training sessions:

How to determine effectiveness.

More direct information-not so general.

Functional outcomes.

I would like to hear someone else talking and giving ideas on the same training.

More specific OT/PT interventions.

Actual evaluation, plan of care, therapy, outcomes.

More on how you score/test children everyday environment and justify this with insurance company who wants data/test scores as observed.

Workshops addressing specific disabilities such as Down Syndrome.

More specific aspects of the program.

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Training Evaluation

Family-guided Routines Based Intervention

Davis Lindeman, Juliann Woods Cripe, & Derek Jones
Jackson, MS
April 8, 1999

What outcomes would you like to achieve from participating in this workshop?

Improve me interventions to be more effective and efficient. Increase my problem solving ability in looking at family-guided intervention.
What's FACETS-how can it help? Intervention.
Learn how to observe better and recognize routines. Learn to better plan for embedding skills within routines.
New information.
A better ability to help meet my child's goals.
Ways to incorporate intervention into family routines. How to increase parental involvement.
Increase parental involvement.
Activities for children.

Please identify 3 ways you will use the information you gained today.

When working with children. Information for the parents.
Improve observation, adjust schedules. Use more appropriate exercises.
Establish family-based intervention using routines. Provide parental support.
In design of my PT intervention activities for children. In teaching the parents.
Being flexible in way to reach his goals.
Really concentrate more on routines for needed therapy. Problem solve with families for better routines/schedules.
Development of family routines.
Observe and discuss routines. Plan with family goals. Intervene learning activities that are functional.
Better development of routines.
Develop more routine based interventions. Empower parents to facilitate interventions. Get more parent input in goal setting.
Some of the information will be used during home visits. Sharing the ideas with co-workers.
By helping my child achieve his level.
Implement more of this at Willowood and in homes.

The strongest feature of the training session was:

Group discussion.
Ways of incorporating intervention into the family.
Parental input via videos, orally, and plan video. Nice to have presenters-gives a little different perspectives.
Incorporating goals into every day life.
Video and group interaction. Cooler climate for afternoon session which enhances learning.
Knowledgeable speakers.
Presentation and group discussions.
Good examples and explanations. Videos made program realistic.
Material was more specific and usable today.
Enthusiasm for subject.
The information and Juliann's words.
Real life family models used.
Gaining new ideas for strategies/activities to embed.

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The weakest feature of the training session was:
Ready material from the overhead projector that was already in our packets.
I have a problem maintaining alert attention while sitting for several hours-no fault of seminar- I'm just usually moving a lot.
Room too hot for morning session, however great for afternoon session.
Same information presented in previous workshop.
Disorganization of handouts.

General Comments:
A lot of the same material that we had already received in December.
Enjoyable and useful.
Juliann is a very interesting speaker.

Topics you would like covered in future training sessions:
I can always use more information.
I would love to attend workshop that are "Train on Hands".
Would like to have some PT specific presentations.
Activities for children.

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Training Evaluation

Problem Solving with Families

Davis Lindeman, Juliann Woods Cripe, & Derek Jones
Jackson, MS
April 9, 1999

What outcomes would you like to achieve from participating in this workshop?

More community help with play group. Play group started. Becoming more goal oriented.
Get new information.
How to incorporate intervention in family's daily routines. How to better serve families with activity based intervention.
Better understanding of family-guided routines.
Understand routine based intervention. Develop routines based plans. Implement routines based plan.
Gain information about FACETS-how to implement?
How to help parents see us as partners, rather than experts.
How to develop play based activities. How to get families involved.
Learn to better "task analysis" and problem solve.
What are common problems. What is possible corrective action. What are consequences of familial problems.

Please identify 3 ways you will use the information you gained today.

Developing, planning, implementing.
Get rid of bag. Examine the whole family. See what the routines are.
Development of play based activities. Getting out of the "bag". How to get parental involvement.
Better home based instruction. Get rid of the bag. Hopefully get a play group started.
Look at process in different ways. Encourage parents to accept ownership. Encourage other professionals to share ownership.
During evaluation of child and family. Working with family and child.
Play groups. At Willowood and with teachers.
Understand concepts, develop and implement plan.
Use more activity based activities vs. toy based. Have more family input in the intervention.
Play group.
Get away from toy bag and go towards routines. Re-examine self.
As soon as possible for my clients and families.
Planning to speak to church about play group and or other day out. Slow down , become more goal oriented.

The strongest feature of the training session was:

How to start was very effective.
Group interactions and discussions.
Good content on hand outs; practitioners as presenters. Direct application of FACETS components to the philosophy of First Steps.
Routines.
The presenters knowledge of subject.
I liked hearing your ideas for play groups-I had never thought of asking my church to include us in their children's garden learning center. Speakers-stimulating and attention keeping-good job.
Great organization. Good speakers-nice mix of discipline. Parent included.
Information.
Information on play groups. Explanation/directions about forms.

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Observing the videos on the children.
Developing routines/identifying family routines and building upon them.
Talking about routines and getting out of the bag.
Juliann Cripe
Videotape examples of routines based intervention.
Information on real families.
How to get out of the bag.
Group activities and discussion.
Showing how to look at the whole family and seeing the routines and schedules.

The weakest feature of the training session was:
Length-Could have been condensed.
Location-no air.
Overhead projector.
The initial problem with air conditioning (but I was not personally uncomfortable).
The heat.
So many overheads-some people learn better visually and I think I do, but I got a little tired of looking at the screen.
Information seemed repetitive and handouts need to be bound in sequential order.

General Comments:
Overall, very helpful, handouts very helpful.
Thanks for sharing your thoughts.
The information was very inspiring. It has given me an enlightened perspective from which to view intervention.
The session was informative. I can use what I've learned with my families.
Thanks for the T-shirt and nice snacks/lunch. The fresh fruit added a healthy choice for snacks. The broiled children and veggies-salad added to lunch.
Very information.
It is good to hear all of this again and be reminded of what it is we are trying to do.
Ver, very informative.
Overall a good training session.
Great conference.

Topics you would like covered in future training sessions:
More doing vs. talking.
More on going into homes. Going in with us and letting us know what's good and what's not so good.
Would be nice to have PT speaker sometime.
I would like for y'all to come and go out with us into the homes-teach us some real hands on skills. Y'all gave us lots of great ideas, but it is hard to carry over alone. It would be very beneficial to have you here again to go in the homes.
Routines based intervention.

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6-MONTH FOLLOW-UP EVALUATION RESULTS
AUTISM/PDD: INSIGHTS, OPTIONS, AND DECISIONS FOR FAMILIES AND PROVIDERS

RESPONDENTS (as of 6/28/99)
Total = 39

Parent/Family member of a child with autism = 7
Advocate of children with autism and their families = 2
Physician/Health Care Professional = 0
College or University Faculty = 0
Program Administrator = 2
Regular Educator = 0

Special Educator = 13
Therapist/Related Service Provider = 7
Service Coordinator = 3
Special Instructor (0-3) = 1
Student = 2
Other = 5

1. Have you shared any of the information or resources you received at the conference? If yes, what did you share? With whom did you share it?

38 Yes

Other teachers, professionals, and student-teachers.	Advocate, Special Educator, Vocational Coordinator for Special Education Teacher
All handouts with two families. 2) Drug therapy info with two developmental pediatricians.	Other--Assessment Team Coordinator
As a MS state autism consultant, I have shared with other teachers, parents, physicians and professionals regarding use of alternative approaches to autism and other information discussed. I was able to meet other people with interests in the field and publicize my services as well as those of the Autism Steering Committee for MS.	Other--Autism consultant/ program administrator
Other professional staff in the department.	Other--Identification/ Assessment
My staff psychologists and social workers.	Other--Psychologist and Director of Diagnostic Services for a state Mental Retardation Facility
Names of presenters and schools.	Other--UAP Project Coordinator
I obtained extra packets of the handouts and shared them with my son's teacher.	Parent/family member
Services materials with spouse and parents.	Parent/family member
A friend who has an autistic child several handouts from the speakers. Don't remember all but one was the birth-6 information.	Parent/family member
Mostly with my son's teachers. Since he has trouble with abstract language, I advised them to use concrete terms, visual aids and examples by his peers to aid his comprehension.	Parent/family member
Grandparents, friends/parents of children with autism.	Parent/family member
We have a group of mothers who meet once a month and we've talked about so many different things that I heard about. It was very informative.	Parent/family member

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Behavior strategies, information on medications/vitamins. I shared with co-workers (fellow teachers) and other parents.	Parent/family member, Advocate, Special Educator
Shared a book on Asperger's Syndrome with parent of such a child.	Program Administrator
The handouts were shared with our consulting psychiatrist and Director of Clinical Services.	Service Coordinator
Service providers.	Service Coordinator
All conference materials with staff of local Mental Health office who didn't attend the conference. Share information about PDD with family.	Service Coordinator
I shared information with administrators, teachers and parents. Information on medication and transition/adult services were particularly helpful.	Special Educator
I have shared everything I received with all my parents with autistic/PPD tendencies. They were very appreciative and actually together we tried out some of the approaches.	Special Educator
I shared the info with my co-workers and parents.	Special Educator
Fellow special education teachers, parents and my special education director.	Special Educator
As a presenter, I have been contacted by two separate teachers in Meridian, one in Poplarville, one from Mobile, one from Hattiesburg, a grandmother from Ocean Springs and a mother from Jackson. I have shared all hard copies regarding our program.	Special Educator
Strategies that work, promising practices, use of classroom materials...This information was shared with preschool and elementary Special Education teachers.	Special Educator
Everything that I received at the conference I passed it on to the other Special Education teachers at my school.	Special Educator
I gave a copy of all the materials I received at the conference to my administrator and to the parents of my autistic student who is 11 years old.	Special Educator
I have shared different ideas and teachings. techniques I learned at the conference. I have shared them with other teachers, and parents.	Special Educator
Literature dealing with medications. Parents of children with autism.	Special Educator, Therapist/ Related Service Provider
Fellow staff, parents.	Special Instructor (0-3)
Handouts--shared with a classmate in graduate school who was working with an autistic child--and shared with friend who has an autistic child.	Student
I had to write a paper on autism in my special education class and the info from the conference was very helpful.	Student
I have shared the information with high school and college students, and with direct care workers supporting persons with autism. I have shared processing information so they can understand.	Therapist/Related Service Provider
Most of the articles that were given at the conference were shared with coworkers.	Therapist/Related Service Provider

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I shared the handouts with fellow Speech/Language Pathologists and Special Educators. I also shared pertinent information and resources with the parents of an autistic child.	Therapist/Related Service Provider
Video re: speaker with Colleagues and Therapists.	Therapist/Related Service Provider
Medication/herbal supplements with parent of autistic child.	Therapist/Related Service Provider
There was wonderful information and resources from the conference that I've shared with parents, other SLP and many graduate students in SLP. I'm sure I've probably shared all information at least once!	Therapist/Related Service Provider, SLP working with Early Intervention Program
Faculty Department, Psychology Department, Local School Districts.	Unknown client type

2. Have you contacted anyone from the conference for additional information or to collaborate on a mutual project related to children with Autism/PDD? If yes, please explain.

9 Yes

Yes, as a result of the conference, I was contacted by a number of teachers and others regarding consultation of students and children or training for other teachers. Three training opportunities have resulted. A state Autism Society is likely to open or be reestablished due to an obvious request by local parents as they shared ideas.	Other--Autism consultant/ program administrator
I sent the autism survey to Dr. Rimland. Most IMPORTANTLY I stay in contact with other parents I met at the conference.	Parent/family member
I contacted State Dept. and spoke with one of the organizers of the conference about information and resources to start a program for children with Autism in my district (Meridian). I then contacted the presenters from the Coast and DeSoto County to get information.	Special Educator
Collaborate on services for twins with autistic like characteristics.	Special Educator
I visited an Autistic class in Southhaven, MS. The teacher of that class was a speaker at the conference.	Special Educator
Helped parents network.	Special Instructor (0-3)
Contacted Dr. Sam Allen--common educational background in pharmacy/pharmacology and common interest in drug effects in autism--discussed possible research project.	Student
To borrow video.	Therapist/Related Service Provider

3. Have you accessed any of the resources (e.g. Web sites, journals, exhibits) which were referred to by conference speakers or in the conference materials? If yes, what resources have you accessed? How have they been useful?

14 Yes

Some of the exhibits provided materials that were very helpful to the parents of some Autistic children I know. I bought them and distributed them.	Program Administrator

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I have read one very helpful book I purchased--Autism/Handle with Care. I have also begun looking at Win Win IEP. I have also visited several of the Websites and gotten a lot of info to share with my co-workers and parents.	Special Educator
The specific resources I've used this past year are numerous. The handouts and suggested web sites have been very useful to me and my parents.	Special Educator
Journals.	Special Educator
I have ordered several of the resource books and a curriculum.	Special Educator
I have visited Autism and NECTAS sites. These have provided information to help my understanding.	Therapist/Related Service Provider
I ordered "Teach Me Language" after looking it over at an exhibitor's stall. I am very pleased with that program.	Therapist/Related Service Provider
Websites--shared with parents.	Therapist/Related Service Provider
Autism journals.	Advocate, Special Educator, Vocational Coordinator for Special Education Teacher
Have e-mailed a speaker and have referred others to do this on a given topic.	Other--Autism consultant/ program administrator
Purchased books.	Parent/family member
Subscribed to quarterly autism newsletter.	Parent/family member
I bought several books at the Bright Horizon stand. The book, "Teach Me Language" is excellent. For verbal children it's a good program.	Parent/family member
I have told parents of the web site.	Service Coordinator
I gave a request for various materials to my administrator, but have not gotten them to date.	Special Educator

4. Have any of your views, attitudes or perceptions about services for children with Autism/PDD changed as a result of attending the meeting? If yes, what has changed?

27 Yes

More advocacy, better understanding, and empathy.	Advocate, Special Educator, Vocational Coordinator for Special Education teacher
Did not realize the success (sometimes) with drug therapy.	Other--Assessment Team Coordinator
No, I have been aware of perceptions, however, this has been a need for those I serve to learn, share, and be a part of something like this in our state. It was a real community effort and helped encourage education, open communication and support. It also communicated to others that these needs are different.	Other--Autism consultant/ program administrator
Now better informed about Asperger's Syndrome.	Other--Identification/ Assessment
I am more hopeful of progress in the state of Mississippi in the area of services for autistic individuals.	Parent/family member

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Mainly, the conference just gave me more overall general information on many topics.	Parent/family member
There are so many levels of autism/PDD. More information needs to be available especially from the school system--when your child is tested.	Parent/family member
I was impressed with all of the available options.	Parent/family member
I now realize there is more information out there than I knew about and where to find it, if needed.	Parent/family member
My approach to those clients with Autism has changed (I direct a sheltered workshop). In the past, my training regimes have been "one size" fits all but thanks to my new awareness of Autism, we have moved to a more customized approach in training clients to work in the workshop.	Program Administrator
The information was enlightening, it gave me a better understanding of autism/PDD. I really enjoyed listening to Georgia, hearing her story really made the difference.	Service Coordinator
Yes, I'm more positive about outcomes for persons with Autism/PDD because of the treatments now available. Information given at conference has helped direct parents toward more information and enabled staff to be more positive in getting assistance and counseling with them.	Service Coordinator
My attitudes haven't changed but became stronger on the need for services, parent education, and advocacy.	Special Educator
Oh yes--I'm not nearly as dumb as I used to be. Before, I really would rather have left this type of child alone, but now I think it is awesome, and am trying to find out everything I possibly can about it.	Special Educator
The conference was very beneficial in the way I teach. I have changed some of my strategies with my students.	Special Educator
I never realized there were so many services available for our students and their parents. I think children with autism are so neat and I'd like to learn as much as possible about them so I can be a better teacher.	Special Educator
I was amazed to learn that so few of "our children" are being served in the regular classroom.	Special Educator
Include parents more in the provision of services for kids.	Special Educator
Better insight about why people with autism act the way they do. I thought some of the autistic students were just spoiled. Now I see there is a reason for tantrums and aggression.	Special Educator
More excited about the other materials and ideas available to me.	Special Educator
Much more hopeful and encouraged. Stronger desire to advocate for typical educational settings with support.	Special Instructor (0-3)
I have become more aware of how I might modify my behaviors.	Therapist/Related Service Provider
This conference updated much of the outmoded information I had learned. The information I received about research and various successful therapies have helped educate me in this area.	Therapist/Related Service Provider
Better understanding.	Therapist/Related Service Provider

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The idea of "spectrum" rather than a single definition.	Therapist/Related Service Provider
Yes. The field is rapidly changing and it's hard for me to keep up with everything. I've been very interested in the use of secretin for autistic children.	Therapist/Related Service Provider, SLP working with Early Intervention Program
Not just my views, attitudes, or perceptions [have changed] but the views, attitudes, and perceptions of those individuals with whom I have shared the material/notes from the conference.	Unknown client type

5. Have you changed the way you interact with or on behalf of children with Autism/PDD as a result of the meeting? If yes, what are you doing differently?

20 Yes

More understanding of some behaviors.	Advocate, Special Educator, Vocational Coordinator for Special Education Teacher
There are more resources which were identified for people in our state. I am a part of that network.	Other--Autism consultant/ program administrator
Better Informed about area.	Other--Identification/ Assessment
Every day is a new opportunity to open up their world. It doesn't take money--it takes time and patience.	Parent/family member
I try to be more patient and also am trying behavioral management. I learned more about how to understand what might be going on in his brain.	Parent/family member
[See #4] My approach to those clients with Autism has changed (I direct a sheltered workshop). In the past, my training regimes have been "one size" fits all but thanks to my new awareness of Autism, we have moved to a more customized approach in training clients to work in the workshop.	Program Administrator
I am more cautious of "miracle" cures. I am stronger in being an advocate for parents.	Special Educator
I am much more structured when dealing with my children at school, and I'm also trying to get the regular educators to accept and work with them by sharing ideas and approaches.	Special Educator
I'm trying to cut down on outside disturbances and I make sure my day is extremely structured.	Special Educator
I've begun to learn how to get into their world to help me relate to my students better.	Special Educator
I have a student who scratches or pinches other students. I used to punish her. Now I watch for signs of edginess and separate her. I give her "time out" and let her calm down before letting her rejoin the group. I also take her for long walks around the campus.	Special Educator
I learned different techniques and teaching strategies to use. I have incorporated these ideas into my class.	Special Educator

Seeking appropriate services for the children more actively.	Special Instructor (0-3)
I student-taught at a middle school in which my class included an autism child. After the conference, I was more aware of her actions and concerns.	Student
I try to work to their strengths, such as using more visual cues, rather than auditory cues.	Therapist/Related Service Provider
I interact differently with parents now that I know more about education and treatment options of autistic/PDD children. Each family and each child doesn't fit into a certain mold.	Therapist/Related Service Provider
I hope I'm more skilled.	Therapist/Related Service Provider
Yes, choice of vocabulary used.	Therapist/Related Service Provider
Maybe, by trying some of the behavior modification suggestions given.	Therapist/Related Service Provider, SLP working with Early Intervention Program

6. What barriers or challenges are you currently facing related to children diagnosed with Autism/PDD or the services they receive?

27 responses:

The difficulty getting an early diagnosis.	Other--Assessment Team Coordinator
Communication is #1 [barrier].	Advocate, Special Educator, Vocational Coordinator for Special Education Teacher
People, such as school administrators, policy makers of the Dept. of Ed., screening team members need to be encouraged, even forced, to attend something like this where there are concerns toward Tx autism and education.	Other--Autism consultant/ program administrator
Trying to assist programs such as Head Start with behavioral management.	Other--Psychologist and Director of Diagnostic Services for a state Mental Retardation Facility
Information is not readily available to parents on options, education, opportunities, programs, assistance, etc. for their children.	Parent/family member
Stereotypes.	Parent/family member
Ongoing behavioral challenges related to limited language.	Parent/family member
My child attends a private preschool. Sometimes I think his teachers had a hard time understanding why this very smart little boy had such a hard time with language.	Parent/family member
Our child is going into 1st grade mainstreamed.	Parent/family member

Teachers/Administrators in Public Schools have little or no training and think my child is "behaving badly." More training should be required--Admin. at our public school seems unwilling to train or meet my daughter's needs.	Parent/family member , Advocate, Special Educator
Training them for the work place.	Program Administrator
The greatest barrier is lack of knowledge and understanding of teachers.	Program Administrator
Barriers involve adhering to consistent treatment and daily routines. Treatment includes activities and provision of tangible re-enforcers.	Service Coordinator
Finding educators willing or knowledgeable of the diagnoses and willing to serve the child. Some doctors seem to be hesitant about an autistic/PDD diagnosis.	Service Coordinator
Transitioning from early intervention to public schools and getting an appropriate individualized program in place for the child. Public school teachers could benefit from more education/training in Autism/PDD.	Service Coordinator
It seems as if district and state level personnel hesitate to give an eligibility ruling related to Autism. This make it difficult to encourage appropriate placement. Too often MR classes are placements for children with Autism and related disorders.	Special Educator
The regular educators don't appear to be very accepting and neither do the administrators. I believe they are in denial. We can all work together to teach these children.	Special Educator
Helping parents and students get to workshops, camps, etc. due to limited funding.	Special Educator
We have just staffed our last remaining autistic student into a regular first grade class at his home-based school for the 1999-2000 school year and are very apprehensive regarding acceptance and academic progress.	Special Educator
Teachers and administrators wanting to automatically place children in Special Education programs.	Special Educator
Most of my coworkers are afraid of my autistic student. They don't know who to interact with him.	Special Educator
My student's mother wants her to be able to read. I have worked on the phonics program with her for 1 year. She still doesn't indicate that she even recognizes the alphabet (She does recognize her name in print). I am a first-year teacher floundering for a curriculum that works with all my students--especially the one with autism (There are 5 different categories among my 8 students).	Special Educator
Most educators don't know how to deal with this type of child and are reluctant to have them in their classroom. More training for special educators and regular educators is needed to help better serve these children--They have a lot to offer.	Special Educator
The lack of understanding about the disorder on the part of schools and parents (family), thus the inability to properly serve/provide appropriate services.	Special Educator, Therapist/ Related Service Provider
Difficulty getting nursery school and/or daycare services for pre-schoolers with typical peers.	Special Instructor (0-3)
Continuity-Tx, daycare, home, etc	Therapist/Related Service Provider

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Less than ideal feelings of parents regarding transition to school system.	Therapist/Related Service Provider, SLP working with Early Intervention Program

7. What are your priorities for expanding your knowledge and/or developing your skills (related to children with autism/PDD) in the coming year? (Please describe 2-3 areas/priorities).

34 responses:

1) Communication; 2) Computer usage; 3) Self-initiation of certain skills.	Advocate, Special Educator, Vocational Coordinator for Special Education Teacher
Assessment strategies. Gathering information to share with parents who have a newly diagnosed child.	Other--Assessment Team Coordinator
1) To assist more families and professionals dealing with autism; 2) To develop further transition training for use with people with autism; 3) To develop more upp. services for autism in school settings; 4) To develop wide array of behavioral assistance to parents, service providers.	Other--Autism consultant/ program administrator
Need more information on Asperger's and on medical treatment/research.	Other--Psychologist and Director of Diagnostic Services for a state Mental Retardation Facility
Assisted living options for adult autistic individuals, vocational training.	Parent/family member
a) Become more familiar with hyperlexia. b) Share information gathered with school teacher of our son. c) Explore other strategies that may help our son develop.	Parent/family member
1) Toilet training; 2) Consistency in behavioral challenges.	Parent/family member
[Goals for my son] 1) Language, language, language (why?); 2) More appropriate social skills; 3) More varied diet. Thank you so much for the conference.	Parent/family member
Consideration of neurological, medicine treatments; Milk-free diet (we are trying now); Trying to develop friendships.	Parent/family member
I am investing in a computer to help him and me.	Parent/family member
I plan on using knowledge gained at workshops/conferences to help fellow teachers and fellow parents deal with persons who have autism in a positive and beneficial way.	Parent/family member, Advocate, Special Educator
Vocational training. Communication.	Program Administrator
Send teachers for more training.	Program Administrator
Communication. Identification of specific target behaviors in assessing medication efficacy. Differentiating between Autism and MR.	Service Coordinator
I would like to know more about or meet more people who have been diagnosed with autism. Studies on the subject are great but to have a person tell you of their experiences has the greater impact and information.	Service Coordinator

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1) Continue to provide information for parents and direct them toward additional resources. 2) Attend any other conferences regarding Autism/PDD.	Service Coordinator
1) Appropriate Education/Placement--Inclusion, mainstreaming, specific services--how can we best meet needs and not get hung up on political correctness or state regulations. 2) How can we get to children with Autism earlier and provide infant, toddler, preschool services before they become school age and many windows of opportunities are closed?	Special Educator
1) I would like to continue to learn anything I can in this area [autism]. 2) I would like to help other (regular) educators see that it is not by choice that they teach these children, but it is the LAW. 3) I would like to educate the parents of their rights and us work together (closely) to educate their children.	Special Educator
Developing better communication with my student. He will learn to use the Delta Talker next year.	Special Educator
1) More practical, useful information (classroom and home challenges). 2) Any information about new, successful treatments, therapies, etc.	Special Educator
Going to workshops. Learning how autistic children think so I can relate to them better. More training in sensory integration therapy.	Special Educator
I would like to learn and understand more about Asperger's.	Special Educator
Attend other workshops to learn more information. Practice what I learn. Share information with others.	Special Educator
Once my student learns his schedule, I want him to do more work independently.	Special Educator
1) I hope to attend another conference if there's one in drivable distance to me; 2) I have already made arrangements for a consultant from Jackson, MS to come to my classroom to give me tips about working with my autistic student.	Special Educator
1) Acquiring language. 2) Toilet training.	Special Educator
I am always seeking information concerning proven techniques (plans, medication, etc.) so that I can share with parents and schools.	Special Educator, Therapist/ Related Service Provider
Learning more of how to work with parents of underdiagnosed or newly diagnosed Autistic or PDD children. Practical information.	Special Instructor (0-3)
Possibly incorporate autism in master's thesis.	Student
How to improve transitions out of schools and into the community. How to improve vocational services that speak to the person's strengths	Therapist/Related Service Provider
Gaining more insight and becoming more informed.	Therapist/Related Service Provider
1) Early indicators; 2) proper referrals for parents; 3) language intervention.	Therapist/Related Service Provider
Exploring options, programs and ideas for working with very young children with autism/PDD. Learning more about medical (drugs, vitamins, etc.) treatment of autism/PDD.	Therapist/Related Service Provider, SLP working with Early Intervention Program